

UNITED NATIONS POPULATION FUND

## **REGIONAL SITUATION REPORT**

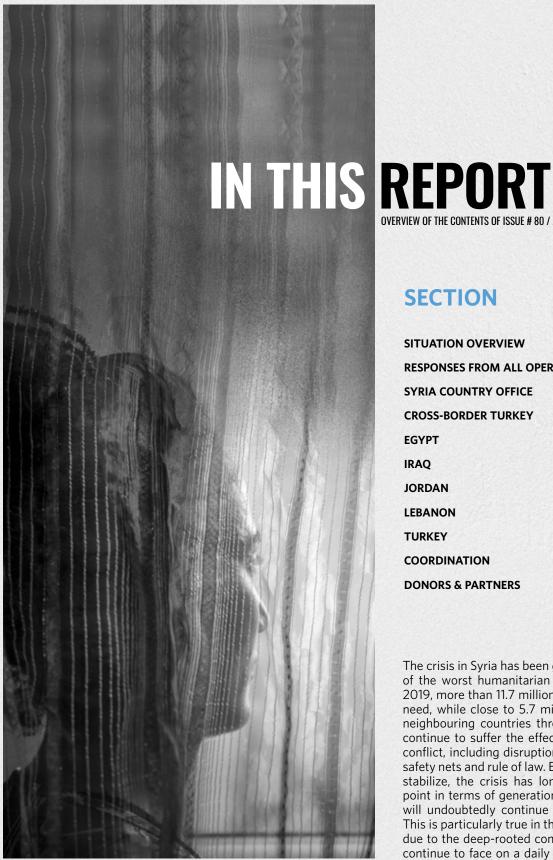
The Regional Situation Report for the Syria Crisis offers a bird's eye view of UNFPA's operations within the context of the Syria Crisis. The report is prepared by the UNFPA Regional Syria Response Hub in Amman, Jordan, and spans operations conducted by UNFPA offices in Syria, Jordan, Lebanon, Turkey,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

In addition to providing aggregated quantitative updates for each country, the report also brings stories from the field that highlight the plight of communities inside Syria and in host countries, in addition to underscoring the positive impact of the response services provided by UNFPA in the areas of reproductive health, gender-based violence, youth, and others.



ISSUE# 80

You see them all the time in the camp – these young girls being married off to older men. They would be thirteen, fourteen, even twelve in one case. Most are too young to know what they are being forced into, and many end up divorced several times by the time they reach adulthood. It is simply criminal because it destroys them.



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The crisis in Syria has been globally recognized as one of the worst humanitarian crises of our time. As of 2019, more than 11.7 million people inside Syria are in need, while close to 5.7 million have taken refuge in neighbouring countries throughout the region. They continue to suffer the effects of nearly nine years of conflict, including disruption of community networks, safety nets and rule of law. Even as some parts of Syria stabilize, the crisis has long since passed a critical point in terms of generational change, and its effects will undoubtedly continue for many years to come. This is particularly true in the case of women and girls due to the deep-rooted complexity of the issues they continue to face on a daily basis.



With the Syria crisis approaching its ninth year, the country faces a new reality in which gender dynamics have been significantly altered. Even as parts of Syria appear to be stabilizing, the situation has long since passed a tipping point in terms of accumulated effects, with women and girls shouldering the larger portion of the consequences of the crisis. The lingering ramifications of conflict and displacement are now so fundamentally ingrained that they require long-term and strategic solutions.

In terms of reproductive health, disruptions in service networks over the past years have meant that a significant number of people have limited to no access to basic health services, which has placed the lives and wellbeing of Syrian mothers and their infants at risk. Civilians continue to suffer the effects of over eight years of conflict, including disruption of community networks, safety nets and rule of law. Moreover, the loss of civil documentation poses immediate and long-term risks, restricting the movement of civilians and preventing access to basic health services.

Pregnancies do not stop during crises. Women and girls always require access to life-saving reproductive health services, especially in emergencies. UNFPA is working toward securing the essential elements of lifesaving care, including functional health facilities, decentralized care, trained health workers as well as provision of essential equipment, medicines and supplies.

Unless the humanitarian community works collaboratively to ensure the provision of medicines, equipment, midwives and doctors, mothers and their infants are at risk of a wide array of health complications that can permanently impact their quality of life and, in many cases, lead to additional fatalities.

Meanwhile, gender-based violence (GBV) continues to be one of the most egregious manifestations of violence in the scope of this conflict, disproportionately afflicting women and girls. Reports by humanitarian actors region-wide have continued to show that all forms of gender-based violence experienced by Syrian women and girls show no signs of abating.

Of the 11.7 million in need of assistance, 5.9 are women and girls — undoubtedly the most at risk of GBV in any humanitarian crisis. Since the crisis, women and girls seldom feel safe due to the increased risk of harassment, sexual exploitation, domestic and family violence, rape, and early and forced marriage. It has also been documented that rape has been used as a weapon of war in Syria.

Given the length of the crisis in Syria, the different forms of violence against women have become interlinked. A girl forced into a child marriage five years ago may now be a widow or divorcee (sometimes more than once), with children to protect and feed, putting her and her family at greater risk of exploitation, sexual violence, temporary or forced marriage, and other forms of violence. This stark reality will have serious and far-reaching ramifications on Syrian society, leaving an entire generation to grapple with deep-rooted emotional scars that inhibit social progress, and further ingraining patriarchal attitudes that are conducive to social disharmony and even extremist ideologies.

While some parts of Syria stabilize, the accumulative effect of the conflict necessitates the continuation of reproductive health and gender-based violence services to the 11.7 million people in need inside Syria and the 5.7 million who remain refugees in Turkey, Lebanon, Jordan, Iraq and Egypt.

There is a need for reinforcing the collective responsibility at the highest levels to address and mitigate the risks of gender-based violence. Donors could consider adding indicators relating to GBV risk mitigation in proposal development or reporting; requiring partners to demonstrate how they will mitigate GBV as criteria for funding; and ensure sufficient funding for GBV risk mitigation in other sectors.

There is also a need for maintaining multi-year funding for GBV specialized prevention and response services, with a particular focus on vulnerable groups such as adolescent girls, widows, divorced women and those living with disabilities. Multi-year funding ensures the sustainability of programmes but also provides an opportunity to tackle the root causes of GBV — which lie in gender inequality. Funding should be directed at all levels of the response, including local NGOs.

## THE SYRIA CRISIS IN 2019

## RESPONSE FROM ALL

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

Even in these circumstances, UNFPA believes that every Syrian woman, adolescent girl and child has the right to reproductive health and protection from gender-based violence.

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

## REPRODUCTIVE HEALTH

INDICATOR	SINCE JANUAR
People reached with sexual/reproductive health services	765,434
Family planning consultations	291,196
Normal / assisted vaginal deliveries	43,579
C-Sections C-Sections	32,361
Ante-natal care consultations	202,700
Post-natal care consultations	7,841
People trained on RH-related topics	1,147

## **GENDER-BASED VIOLENCE**

INDICATOR	SINCE JANUARY
People reached with GBV programming / services	483,573
People reached with Dignity Kits	48,077
People provided with GBV case management	6,628
People reached with GBV awareness messages	347,535
People trained on GBV-related topics	602

## **YOUTH SERVICES**

## INDICATOR SINCE JANUARY

Beneficiaries reached with youth programming 65,268
Beneficiaries trained on youth-related topics 226











<sup>\*</sup> Above figures reflect fully-supported service-delivery points. Inside Syria additional 838 primary healthcare facilities are being partially supported through the Ministry of Health.



## COUNTRY

UNFPA Syria continues to provide emergency and long-term support to communities in need inside Syria. As part of the cooperation between UNFPA and the Ministry of Health, five mobile hospitals will start providing health services in the governorates of Hama, Homs, Daraa, Raqqa and Deir Ezzour.

UNFPA Syria also continues to provide lifesaving services to the women and girls in the AL-Hol camp through five mobile teams covering new arrivals and a static clinic. This includes supporting GBV mobile teams targeted the reception area and provided awareness sessions and group and individual counselling and conducting. The Psycho-Social Support (PSS) team also provided sessions about prevention of sexual abuse and harassment. UNFPA Syria distributed 5,000 Dignity kits, 1,500 Adolescent kits and 20,000 sanitary napkins.

## REPRODUCTIVE HEALTH

INDICATOR	SINCE JANUARY
People reached with sexual/reproductive health services	573,077
Family planning consultations	237,880
Normal / assisted vaginal deliveries	36,349
C-Sections	30,387
Ante-natal care consultations	144,735
Post-natal care consultations	40,157
People trained on RH-related topics	667

## GENDER-BASED VIOLENCE

INDICATOR	SINGE JANUAR
People reached with GBV programming / services	303,742
People reached with Dignity Kits	19,786
People provided with GBV case management	4,304
People reached with GBV awareness messages	244,696
People trained on GBV-related topics	300

## **YOUTH SERVICES**

## **INDICATOR SINCE JANUARY**

Beneficiaries reached with youth programming











20.964

Above figures reflect fully-supported service-delivery points. Inside Syria, an additional 838 primary healthcare facilities are being partially supported through the Ministry of Health.



WHOLE OF SYRIA RESPONSE



"Sometimes, the most difficult thing you could ask for is a second chance, but this is what many of us need in times like these," explains Rama, a mother of three from Deir-ez-Zor who fled the conflict in her hometown and sought shelter at Al Areesha camp.

The camp, which is situated approximately 25 kilometers south of Al Hasakah city, has become a refuge for more than 9,200 internally displaced people from neighboring areas in the Syria. Overcrowding, post-traumatic stress and the continued influx of displaced people has created a series of challenges that pose serious protection risks for numerous segments of the camp's population, particularly women and girls who are at a much higher risk of exploitation and gender-based violence.

"If the displacement in northeast Syria has a face, it is the face of a woman," explains UNFPA Deputy Representative, Fabrizia Falcione. "Dispalced women have specific needs that the humanitarian community is dutybound to carefully identify and address, particularly with regards to protection from gender-based violence and essential reproductive health services."

It was at Al Areesha Camp that Rama's family had settled after escaping the violence in Deir-ez-Zor, including members of her husband's family whom she hoped to join once she finally found her way to the camp. For a mother, explains Rama, seeking refuge in a camp is a life-altering decision that can mean the difference between life and death, particularly given the many unknowns that come with conflict and displacement.

Despite the arduous journey, the camp offered her and her children number of lifesaving measures, including basic security and protection as well as a Women and Girls Safe Space supported by UNFPA, where she had the chance to meet and interact with a variety of other women who shared her plight. The space provided comfort, support and a growing social network that somewhat lessened the pain of displacement.

Rama had initially sought the services of the safe space after experiencing escalating gender-based violence at the hands of a member of her husband's family, who subjected her to frequent physical and emotional abuse, exploiting the delicacy of her situation and the inevitable disruption in her social network that accompanied her displacement. Upon witnessing her torment, one of her neighbors encouraged her to make use of the social support services provided at the safe space, where many women had found ways to overcome similar predicaments.

Upon making her way to the safe space, Rama immediately requested a private session with a case manager, where she gave a detailed account of the type of abuse she'd experienced and circumstances that entrapped in the cycle of violence, including her fear of being shunned by the family and of being forced to leave the safety of the camp. Over the course of several support sessions, the case manager provided her with a series of techniques to help cement her self-esteem, in addition to helping her formulate an action plan that will empower her enough to break the cycle of abuse. One of the key steps in her recovery was signing up for a sewing workshop as a stepping stone toward economic independence, which Rama successfully completed within a fairly short time.

"I feel more confident now," explains Rama as she models a black and gold dress that she herself designed and tailored. "The blessings that come from such a feeling are immense. If I remain day and night in that tent, he would continue to mistreat me, and I will have no choice but to remain silent because of fear for myself and my children. I am now moving into an independent tent, and will be starting over with a whole new outlook toward the future. Whether or not this business opportunity succeeds, I cannot be sure, but I am tremendously hopeful. I have come this far and I will continue pushing forward for the sake of my children."

UNFPA and its partners continue to reach women and girls displaced by conflict with health and psychosocial services, literacy courses and other livelihood support programmes. UNFPA currently supports 46 Women and Girls' Safe Spaces, one Family Protection unit, two Community Wellbeing Centers and one Emergency women and girls safe space in Syria Syria, in response to women and girls' needs for reproductive health services, culturally sensitive counselling and vocational training.

## CROSS TO LIEF-SAVING SERVICES FOR ALL COMMUNITIES INSIDE SYRIA.

**HOLE OF SYRIA RESPONSE** 

Through its hub in Gaziantep, Turkey, UNFPA continues to provide emergency and long-term assistance to affected populations in northern Syria, a region that continues to experience frequent instabilities and fluctuations in areas of control.

As of January 2019, Haya Tahrir Al-Sham (HTS) has gained greater control over the city of Idleb, which has resulted in significant cuts in funding to stabilization actors in northern Syria, namely for health, governance and protection. This has led to increased pressure on humanitarian programs. Moreover, the withdrawal of US forces from the region is expected to pose a challenge for the presence of INGOs in northeastern Syria, which might further increase the burden on operations managed from cross-border Turkey.

Additionally, more than 81,000 people were affected by the recent floods in the area, and UNFPA has been supporting the emergency response to the situation through its various implementing partners.

## REPRODUCTIVE HEALTH

INDICATOR	SINCE JANUARY
People reached with sexual/reproductive health services	82,931
Family planning consultations	24,739
Normal / assisted vaginal deliveries	5,583
C-Sections	1,737
Ante-natal care consultations	34,694
Post-natal care consultations	4,688
Health facilities that provide Emergency Obstetric Care (EmOC)	21
Functional mobile clinics	8

## **GENDER-BASED VIOLENCE**

INDICATOR	SINCE JANUARY
Number of women and girls' safe spaces (WGSS)	14
People reached with GBV programming / services	44,812
People reached with Dignity Kits	16,050
People provided with GBV case management	502
People reached with GBV awareness messages	31,621
People trained on GRV-related topics	157



Egypt remains a destination and transit country for refugees and asylum-seekers, most of whom live in urban areas. The country continues to generously host Syrian refugees, despite the absence of a land border with Syria. Currently, there are 127,414 Syrian refugees registered with UNHCR Egypt.

Egypt constitutes a successful model with regards to the social inclusiveness dimension. The country hosts nearly half a million Syrians who live alongside Egyptians in various areas, sharing public services, resources and many of the privileges afforded to local citizens.

Among refugees in Egypt, women and girls, boys, adolescents, and unaccompanied and separated children face disproportionate risks. According to UNHCR, 94 percent of the Syrian population in Egypt have been identified as either highly or severely vulnerable. UNFPA Egypt continnues to provide essential services to Syrians, focusing on prevailing social predicaments associated with forced migration such as various forms of gender-based violence.

## REPRODUCTIVE HEALTH

**SINCE JANUARY INDICATOR** People reached with sexual/reproductive health services 734 183 Family planning consultations 52 Ante-natal care consultations Functional mobile clinics 2

## **GENDER-BASED VIOLENCE**

INDICATOR **SINCE JANUARY** Number of women and girls' safe spaces (WGSS) 11 People reached with GBV programming / services 2,837 People provided with GBV case management 631 People reached with GBV awareness messages 1,509

## **YOUTH SERVICES**

**INDICATOR SINCE JANUARY** People reached with youth programming 234 23 People trained on youth-related topics





## IRAQ COUNTRY OFFICE

COUNTRY OVERVIEW

WITH HUNDREDS OF THOUSNANDS TAKING REFUGE IN THE COUNTRY, UNFPA IRAQ CONTINUES TO PROVIDE ESSENTIAL SERVICES TO REFUGEES IN BASIRMA DRASHAKRAN, KWRGOSK, AND QWSHTAPA CAMPS.

Currently, around 250,000 Syrian refugees are seeking safety in camps and host communities in Iraq. UNFPA supports 12 women community centres, eight health facilities, one delivery room, and five youth centres serving the refugee population in the Kurdistan region of Iraq.

ensures that antenatal, postnatal, and emergency obstetric referral services are offered. In addition, UNFPA provides reproductive health kits in six maternity hospitals and supports referral services. UNFPA in Iraq continues to coordinate with other gender-based violence (GBV) prevention and response service providers targeting refugees. Staff from the RH Units have been trained on the GBV Standard Operating Procedures for the Kurdistan Region, reporting an increased ability to identify GBV cases, provide information, and make referrals to service providers using a survivor centred approach.

Response activities are targeting refugees in the eight primary camps in Iraq: Basirma, Darashakran, Kawergosk, and Qwshtapa in Erbil Governorate, Domiz 1, Domiz 2, Gawilan in Dohuk Governorate and Arbat in Sulaymaniyah Governorate with programs that span vocational training, awareness sessions, lectures on topics related to reproductive health and gender-based violence, peer education sessions on reproductive health and life skills sessions for youth, in addition to various community engagement activities.

## REPRODUCTIVE HEALTH

INDICATOR	SINCE JANUARY
People reached with sexual/reproductive health services	3,203
Family planning consultations	635
Normal / assisted vaginal deliveries	109
C-Sections	57
Ante-natal care consultations	755
Post-natal care consultations	125
Health facilities that provide Emergency Obstetric Care (EmOC)	17

## **GENDER-BASED VIOLENCE**

INDICATOR	SINCE JANUARY
Number of women and girls' safe spaces (WGSS)	12
People reached with GBV programming / services	10,231
People reached with dignity kits	5
People provided with GBV case management	71
People reached with GBV awareness messages	24,120
People trained on GBV-related topics	34

## **YOUTH SERVICES**

INDICATOR	SINCE JANUARY
People reached with youth programming	630
Number of functional youth centres	12





"I was supposed to be in school when I was preparing for my wedding day," recalls Najma, now 31. "I was only 12 years old when I got married to my 25-year-old cousin, Mubarak. They told me that he would provide financial support to my siblings and my parents and that this was the tradition here in Qamishli, Syria."

"I remember that day very well; my mother entered my room at around 5 pm while I was sitting on the floor colouring in my princess colouring book. She sat on the bed and called me up. "Najma, tomorrow you will get married to your cousin Mubarak," she whispered. She then asked me if I knew what it meant to be married. I remained silent, looking at her with lost eyes. She held my hand and went on to explain what it meant in our society to be a married woman.

"You have duties now, and the most important one is to please your husband, prepare his meals, clean and iron his clothes and be an obedient woman," she continued. I nodded.

The next day, Najma and her cousin got married. The marriage was not registered in court as it was considered illegal, given that the bride was a child. That day, the 12-year-old left her childhood behind and instead took on her new role as a wife. "It was extremely painful scary, being forced into intimacy at such a young age," explains Najma. "A few months after my marriage, I discovered I was pregnant."

Throughout her marriage, Najma suffered verbal and physical abuse. Her husband would consistently hurl insults at her, accusing her of being an incompetent wife. "In the house where he took me, I was never free. I was scared all the time because he would not let me do anything and would always decide what should be done in our life. He did not let me go to school and confined me to the house. The most painful though were the insults and accusations of being a bad mother: I was doing my best, but I was a child raising another child", she said.

By the time she was 25, Najma had become a mother of seven children. "I love all my children", she added. "However, in 13 years of marriage, I had seven deliveries, three of which were in the first five years. It was exhausting and, sometimes, even life-threatening."

In 2015, the conflict intensified in Syria; Najma, her husband, children and parents were forced to seek refuge in the Kurdistan Region of Iraq, more specifically Domiz 2 camp. The camp is home to close to 10,500 Syrian refugees who fled the war seeking a haven. In the camp, UNFPA operates one maternity unit, a reproductive health clinic, a youth centre and a women's social centre. Once in the camp, the family began relying entirely on the humanitarian assistance as Mubarak

remained unemployed. A year on, the mother-of-seven decided to look for a job. "The assistance we were receiving was not enough, and my children needs were increasing, and my husband would not find a job. It was also a way for me to escape the abuse that did not stop even in displacement," she explained.

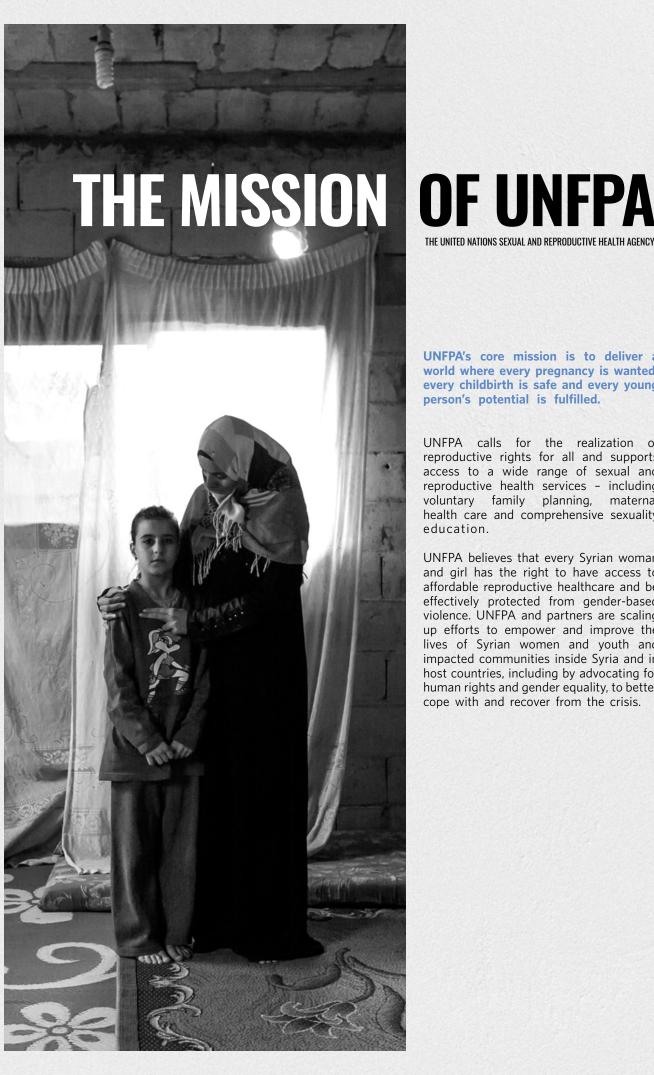
"I convinced one of the humanitarian organisations in the camp to let me invest a small piece of land to grow vegetables and sell them in the market. My passion, however, was fashion; I always dreamt of designing dresses for women in my atelier," she said, sighing.

A little while after she started working, Najma's neighbour informed her that her husband was cheating on her with various women in the camp. "When I confronted him, he started beating me, telling me that I was an old witch now and he wanted young women," she continued. The relationship went downhill since then, to the point where she left the living space she shared with her husband and moved back in with her parents, along with her children. It was following this transition that she heard about the UNFPA-supported women and girls safe space, where she'd learned that many women in her situation had received support. Soon after, she started frequenting the centre. "I felt so comfortable with the social workers and I told them my story. At the centre, in addition to the psychological support sessions I attended, I enrolled in the sewing and bakery courses. I was thrilled; I met some women who were going through the same problems as me. I found comfort and more than one shoulder to cry on," she said, smiling.

It wasn't long until Najma asked her husband for a divorce — a move made possible with the help of the social worker and the necessary legal channels, facilitated through the referral pathways between organisations in the camp.

"He stole my childhood, but I gained my youth. I am 31, strong, determined to make the best of every day and provide a good life to my children. I have a chance, and I will not waste it," she said assertively. Najma is currently a trainer at the women centre, teaching sewing courses to other women at the centre. She has also received a sewing machine from a benefactor and is working from home as an independent tailor. Her tailoring business has grown substantially, to the point where she is able to provide for her children as well as her parents.

"My life has been turned around. The centre has helped me discover a strength I never knew I had and in turn, I want to help women who are survivors of domestic violence and want to help give them a chance to start again — to rise from the ashes, as I did."



THE UNITED NATIONS SEXUAL AND REPRODUCTIVE HEALTH AGENCY

UNFPA's core mission is to deliver a world where every pregnancy is wanted, every childbirth is safe and every young person's potential is fulfilled.

UNFPA calls for the realization of reproductive rights for all and supports access to a wide range of sexual and reproductive health services - including voluntary family planning, maternal health care and comprehensive sexuality education.

UNFPA believes that every Syrian woman and girl has the right to have access to affordable reproductive healthcare and be effectively protected from gender-based violence. UNFPA and partners are scaling up efforts to empower and improve the lives of Syrian women and youth and impacted communities inside Syria and in host countries, including by advocating for human rights and gender equality, to better cope with and recover from the crisis.

## RDAN COUNTRY OFFICE. 3 MILLION SYRIANS NATIONWIDE, UNFPA JORDAN CONTINUES TO PROVIDE ESSENTIAL

Jordan is currently hosting more than 1.3 million Syrians, including 655,000 registered refugees, who face increasing vulnerability as their savings, assets and resources are long exhausted. Providing for their needs and ensuring their access to basic reproductive health and genderbased violence services is among the top priorities of UNFPA Jordan.

According to the 2015 population census, the total population of Jordan was estimated at 9.531 million, including 1.265 million Syrians, who represent 13.2% of the overall population.

Approximately 79% of Syrian registered refugees, representing 516,000 people, live in host communities in urban and rural areas of Jordan. The remaining 21% is settled in camps, either in Azraq, Emirati Jordanian Camp, or Za'atari. The highest concentration of refugees is found in the northern governorates of Amman, Irbid, Mafraq and Zarqa.

UNFPA Jordan has been providing essential reproductive health and gender-based violence prevention services to Syrian refugees throughout the kingdom, whether in refugee camps or in host communities.

## REPRODUCTIVE HEALTH

INDICATOR	SINCE JANUARY
Number of primary health facilities	17
People reached with sexual/reproductive health services	39,563
Family planning consultations	9,270
Normal / assisted vaginal deliveries	798
Ante-natal care consultations	14,477
Post-natal care consultations	2,068
Health facilities that provide Emergency Obstetric Care (EmOC)	2

## GENDER-BASED VIOLENCE

INDICATOR	SINCE JANUARY
Number of women and girls' safe spaces (WGSS)	17
People reached with GBV programming / services	14,451
People provided with GBV case management	807
People reached with GBV awareness messages	5,041

## **YOUTH SERVICES**

INDICATOR	SINCE JANUARY
Number of functional youth centres	1
People reached with youth programming	3,398
People trained on youth-related topics	173



# SANON COUNTRY OFFICE

Since the onset of the Syria crisis in 2011, Lebanon has continued to be a generous host, welcoming around 1.5 million displaced Syrians — the highest per capita number of refugees in the world.

Given the significant refugee-per-capita ratio and the undue strain the crisis has placed on Lebanon's economy and services, UNFPA Lebanon continues to provide a wide array of prgrammes and services to displaced Syrians in Lebanon.

More than 75 percent of refugees in Lebanon are women and girls, making it all the more vital to provide them with essential reproductive health services as well as programmes to respond to and prevent gender-based violence.

Since the beginning of the crisis, UNFPA Lebanon has continually worked on enhancing coordination, expanding partnerships, and assessing needs in close collaboration with key humanitarian actors including pertinent agencies within the United Nations.

## REPRODUCTIVE HEALTH

INDICATOR	SINCE JANUARY
People reached with reproductive health services	3,203
Family planning consultations	635
Normal / assisted vaginal deliveries	109
C-Sections	57
Ante-natal care consultations	755
Post-natal care consultations	125
Functional mobile clinics	4
People trained on RH-related topics	40

## GENDER-BASED VIOLENCE

Number of women and girls' safe spaces (WGSS) 9	
People reached with GBV programming / services 10,2	231
People provided with GBV case management 2	
People reached with GBV awareness messages 24,	120
People trained on GBV-related topics 22	

## **YOUTH SERVICES**

INDICATOR	SINCE JANUARY
Number of functional youth centres	12
People reached with youth programming	630
People trained on youth-related topics	30



# Y COUNTY TO WEEK OF REFUGEES WORLDWIDE, TURKE

Turkey hosts the largest number of refugees and asylum-seekers in the world, which includes more than 3.5 million Syrians registered with UNHCR.

Most refugees in Turkey are situated in host communities around the country, which has stretched the absorptive capacities of many host communities and resulted in tensions between refugees and host community members.

As the refugee crisis in Turkey becomes more protracted, delivering support to national and local systems, with a strong focus on supporting women, children and youth, is more vital than ever to reinforce the country's resilience.

UNFPA Turkey continues to provide essential reproductive health and gender-based violence services to Syrian communities in need in Ankara, Gaziantep, and Istanbul, addressing assistance gaps and organizing farreaching programs that serve to protect vulnerable members of the community.

## REPRODUCTIVE HEALTH

Number of primary health facilities 30 People reached with sexual/reproductive health services 48,410	NUAR
People reached with sexual/reproductive health services 48.410	
Family planning consultations 13,434	
Ante-natal care consultations 4,770	
Post-natal care consultations 1,038	
People trained on RH-related topics 440	

## **GENDER-BASED VIOLENCE**

INDICATOR		SINCE JANUARY
Number of women and girls' safe spaces	(WGSS)	30
People reached with GBV programming /	services	97,590
People reached with dignity kits		12,236
People provided with GBV case managem	ent	301
People reached with GBV awareness mess	sages	29,707
People trained on GBV-related topics		130

## **YOUTH SERVICES**

INDICATOR	SINCE JANUARY
Number of functional youth centres	4
People reached with youth programming	2,299

## **OTHER SERVICES**

INDICATOR	SINCE JANUARY
Number of social service centers (SSC)	27
Number of Key Refugee Service Units (KRG)	7





## PERSPECTIVE

In the years following the war, everything was upside down. We lived in fear and turmoil, not knowing what the future held, and this made everything more complicated.

In my village, the sense of safety and the simplicity of life disappeared as we watched the whole country crumbling around us. Food, money and security suddenly became challenges, when before we rarely gave them much thought. People came and went in large numbers, passing by as they fled the violence. Others came and tried settle among us, while many of us left in search of a better life.

I was only a child of three when the war happened, and have spent most of my life in its shadow. Today, I am 12, and I live with a secret that only a few people know about: I am survivor of sexual violence, committed by a man who has also done this to many girls my age.

My early memories were of people talking about the war and the unknown future of Syria, taking sides and arguing about things I never truly understood. I tried to live my life the only way I knew how: to go to school, spend time with my friends, and try my best not to worry about the future. I may be Syrian, but the only home I've ever known is our village in Urfa, Turkey, where my family had taken refuge after the war. We heard stories all the time of girls being attacked, especially girls who don't have families to protect them, but they seemed so far away from us that we never expected them to happen so close to home, in our village, where many of us don't even bother to lock our doors. But war changes everything and it changes people. It has certainly changed me.

When I was attacked, it was by a man who lived next door to us, and who my family knew well. I trusted him. He used to come to our house all the time, and would keep telling me how smart and special I was, and joke about wanting to adopt me. One day, when I was alone in the house, he knocked on the door and asked me to help him in the field outside, and of course I went. It was there that he held me by my arms and began to touch me, and I was so scared that I could not move at first. I screamed, and managed to break free. But it did not stop. For months after, he would try again and again. He would still come to our house and pretend everything was fine, and I was so scared that I had done something wrong that I couldn't tell anyone, even my mother.

As the days went by, things changed for the worse. I became constantly afraid, guilty, and my grades at school began to slip to the point where everyone knew something was wrong. My mother asked me many times about what was happening, but I couldn't tell her.

One day, she asked me to come with her and took me to a center that helps women and girls. Two women sat with me, a doctor and a psychologist, asking me about my life and interests. They were very kind and gentle, and they seemed to understand that I was going through something that I couldn't talk about. After two or three sessions with them, I felt more relaxed and comfortable, and I decided to trust them with that was going on. I told them everything – how it began and what he has been doing to me since. It was the most difficult conversation I've ever had, and I could barely speak without crying. Once it was done, everything changed for the better.

Much of what happened was kept from me, but he stopped coming to the house. I learned later that they had called the police and discovered many other girls who were hurt by him. Today, he is in jail, and I feel much safer, even though I will never forget the things he had done to me. I feel lucky that I have this center, and I still go there to talk to the women who always find a way to make me feel better. Even though it has been a year, they tell me that it will take time for me to forget, but that they will continue to help me for as long as I need it.

Events portrayed as narrated by survivor during interviews with the Case Manager. The survivor continues to receive extensive counseling at the UNFPA-supported Women and Girls Safe Space.

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

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

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

In April, the GBV subsector in Damascus attended the workshop held by OCHA on the lessons learned from the Humanitarian Needs Overview (HNO) and the Humanitarian Response Plan (HRP). This was followed by a joint protection sector meeting that tackled various topics, including the Idlib Revision of Plan, the 2020 edition of Voices from Syria, and several updates on both the HRP and HNO.

In Homs, a joint protection meeting took place for actors working in general protection, GBV and child protection. The meeting was organised by UNCHR, UNFPA and UNICEF in order to tackle current development trajectory, plans for the International Day for Mine Awareness and Assistance in Mine Action, mapping of referral pathways among protection partners, and other pending issues.

In Beirut, a Whole of Syria GBV and Protection meeting was held with the aim of building linkages and exchanges for all AoRs and hubs in order to address remaining challenges and ensure a more harmonised response. The meeting included a discussion of the 2020 response cycle, current needs, and primary challenges moving forward.

In Turkey, the bi-monthly Inter-Sector Working Group meeting was held under the heading of child protection, with a focus on child labor and child marriage. UNFPA provided updates on its programming and suggested next steps to combat child marriage on both local and national scales. A similar meeting was organised by the Protection Core Working Group to discuss, document and share good practices on social cohesion.

The GBV Sub-Working Group in Turkey also held a meeting in Gaziantep to discuss the prevention of sexual exploitation and abuse. The meeting included a brief presentation on the highly important topic followed by a discussion aimed at facilitating cross-agency coordination.



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## IMPI FMFNTING PARTNFRS

In Syria: Ministry of Health (MoH), Ministry of Higher Education (MOHE), Syrian Arab Red Crescent (SARC), Syrian Family Planning Association (SFPA), Agha Khan Foundation, Masyaf Charitable Association, Al Bir and Social Welfare Hama, Al Bir Charitable and Sociable Qamishly, Pan Armenian Charity Association, Al-Ihsan Charity Association, Al Bir and Al-Ihsan Charitable Association in Ras Alain, Albatoul Charity for Humanitarian Services, Islamic Charity Association - Aoun for Relief and Developments (AOUN), Monastery of Saint James the Mutilated (MSJM), Nour Foundation for Relief and Development, Syrian Catholic Archbishopric - Relief and Development Center (RDC), Syrian Commission for Family Affairs and Population, SCS, SEBC.

In Lebanon: Ministry of Public Health, Ministry of Social Affairs, Lebanon Family Planning Association for Development & Family Empowerment (LFPADE), Amel Association, KAFA ("Enough Violence and Exploitation"), INTERSOS, Makkased Philanthropic Association of Beirut, Development Action without Borders-Naba'a, RET Liban, Lebanese Order of Midwives, Lebanese Society of Obstetrics and Gynecology.

In Jordan: Ministry of Health (MOH), Institute for Family Health (IFH), International Medical Corps (IMC), Jordanian Health Aid Society (JHAS), Family Protection Department (FPD), Jordanian Women's Union (JWU), Youth Peer Education Network (YPE), NCFA (National Council for Family A airs), Questscope.

In Iraq: AL Massela, Harika, Zhian and Civil Development Organisation.

In Egypt: Ministry of Health and Population (MOHP), Ministry of Youth and Sport (MoYS), Arab Medical Union (AMU), Care International.

In Turkey: The Disaster and Emergency Management Presidency (AFAD) of the Prime Ministry of Turkey, Ministry of Foreign A airs (MoFA), and Ministry of Health (MoH), Ministry of Family and Social Polices (MoFSP), ASAM (Association for Solidarity with Asylum Seekers and Migrants), HÜKSAM (Hacettepe University Women's Research and Implementation Center), KAMER (Women's Center Foundation), CVF (Community Volunteers Foundation), Osmangazi University, PYD (Positive Life Association), Bilgi University, Red Umbrella, MUDEM, Harran University.

Turkey Cross-Border: Ihsan RD, Syrian Expatriate Medical Association (SEMA), Syrian American Medical Society (SAMS), CARE International, Shafak.

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## **CONTACT INFORMATION**

## Jennifer Miquel

Head of Regional Syria Response Hub miquel@unfpa.org (962) 79 575 6755

## **RELEVANT RESOURCES**

www.unfpa.org www.ocha.org www.unhcr.org http://syria.humanitarianresponse.info



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