

UNITED NATIONS POPULATION FUND

REGIONAL SITUATION REPORT

FOR THE SYRIA CRISIS

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 managed from cross-border Turkey.

In addition to providing aggregated quantitative results 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# 83
JULY 1-30, 2019



We live by two different rules. The men have all the freedom they want; they can travel, they can fall in love, and they can marry when and who they choose. For us girls, things are never that simple. Going to school and planning our future is a privilege for us. Sometimes staying alive feels like a privilege, too.

Aseel, a survivor of family violence from Qamishli, Syria



THE MISSION OF UNFPA

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 sexual and reproductive rights for all, and supports access to a wide range of services, including voluntary family planning, maternal healthcare and comprehensive education on sexuality.

As the Syria crisis enters its ninth year, UNFPA believes that every Syrian woman and girl has the right to have access to affordable sexual and reproductive healthcare and be effectively protected from gender-based violence. UNFPA and its 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.



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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.

THE SYRIA CRISIS IN 2019

OVERVIEW OF THE SITUATION

DARAA, AL-HASSAKAH, DEIR-EZ-ZOR, LATTAKIA, HAMA, ALEPPO AND IDLIB GOVERNORATES REMAIN PRIMARY HOTSPOTS.

The security situation in Syria remains volatile and unstable. Idlib, Aleppo, Daraa, Al-Hassakah, Deir-ez-zor, North Latakia and North Hama governorates remain primary hotspots.

The most recent data by the World Health Organization (WHO) shows that between December 2018 and July 2019, the number of people in need has increased by more than 534,000 to reach 13.72 million due primarily to the impact of hostilities.

The current situation has put the lives of women, men, girls and boys at risk every day and has significantly impacted their psychosocial well-being with reportedly high levels of trauma. According to a rapid needs assessment conducted by REACH, safety and security concerns severely restricted freedom of movement, while damage to civilian infrastructure prevented access to essential services. This exacerbates the vulnerability of communities, making the provision of humanitarian assistance in these areas even more critical.

Access to healthcare continues to be an essential need for newly-displaced individuals and for host communities, including pregnant women and adolescent girls. Multiple displacements and lack of access to basic services further exacerbate the needs of individuals and communities, in addition to significantly increasing the risks of gender-based violence (GBV). Additional displacements further strain already-stretched coping mechanisms of individuals and families, leading to desperate measures that further increase the likelihood of protection threats, such as sexual exploitation, forced and early marriage, amongst others.

In response to these dire needs, UNFPA continues to provide services to people in need of sexual and reproductive health (SRH) and GBV integrated services, with a focus on the needs of women and adolescent girls. A variety of SRH services are being delivered, including antenatal care, family planning, normal delivery services,

postnatal care, referrals, treatment of reproductive tract/urinary tract infection, treatment of trauma, and others. UNFPA also addresses the needs of women and adolescent girls by providing GBV response services such as case management, psycho-social support, clinical management of rape, and referrals.

Meanwhile, recent months have seen additional displacements to Al Hol camp in Al Hasakah due to instabilities in Deir ez-Zur governorate. The population at the camp today stands at 73,654 people, 90 percent of whom are women and children. Escalating violence and displacement often exacerbate women's vulnerability to higher risks of maternal mortality and morbidity, and increase the threat of gender-based violence and harmful practices. Over 50 percent of maternal deaths occur in humanitarian and fragile settings. Additional displacements further strain already-stretched coping mechanisms of individuals and families, leading to desperate measures that further increase the likelihood of protection threats, such as exploitation and early marriage.

UNFPA aims to provide integrated sexual and reproductive health (SRH) and gender-based violence (GBV) services, including family planning supplies, personal hygiene items, counselling, gynaecological consultations, ultrasound diagnostics, ante-natal care, post-natal care, psychological first aid, psychosocial counselling, referral for safe deliveries, comprehensive emergency obstetric and neonatal care, legal assistance, and case management. The additional funding required to ensure service delivery to ongoing emergencies in northwestern Syria and Al Hol Camp is 14.6 million dollars.

UNFPA has issued a flash appeal covering the situation in both Idlib and Al Hol camp, which can be accessed [here](#).

RESPONSE FROM ALL OPERATIONS

DELIVERING LIFE-SAVING REPRODUCTIVE HEALTH AND GENDER-BASED VIOLENCE SERVICES TO COMMUNITIES IN NEED INSIDE SYRIA AND THROUGHOUT THE REGION.

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 sexual and 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

INDICATOR	SINCE JANUARY
People reached with sexual/reproductive health services	1,347,010
Family planning consultations	535,464
Normal / assisted vaginal deliveries	44,579
C-Sections	30,068
Ante-natal care consultations	520,973
Post-natal care consultations	8,869
People trained on SRH-related topics	2,056

GENDER-BASED VIOLENCE

INDICATOR

INDICATOR	SINCE JANUARY
People reached with GBV programming / services	677,135
People reached with Dignity Kits	131,454
People provided with GBV case management	10,589
People reached with GBV awareness messages	500,277
People trained on GBV-related topics	1,914

YOUTH SERVICES

INDICATOR

INDICATOR	SINCE JANUARY
Beneficiaries reached with youth programming	195,577
Beneficiaries trained on youth-related topics	365



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



SYRIA COUNTRY OFFICE

DELIVERING EMERGENCY AND LONG-TERM ASSISTANCE TO SYRIAN COMMUNITIES NATIONWIDE.

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-ez-Zor, which will include four normal delivery hospitals and one C-section hospital.

UNFPA also continues to provide integrated SRH services, including ante-natal care, family planning, normal delivery services, post-natal care, referrals, treatment of reproductive tract/urinary tract infections, treatment of trauma, and others. UNFPA also delivers GBV services that span psychological first aid, referrals to public health institutions and GBV awareness raising. For the protection of health, hygiene and to preserve dignity, UNFPA also distributes female dignity kits, sanitary napkins, protection kits for adolescent girls, kits for pregnant/lactating women, and male dignity kits. Since January, UNFPA has distributed 46,962 female dignity kits, 6,059 male dignity kits and 200,297 sanitary napkins.

UNFPA services are being provided in partnership with its implementing partners and in coordination with other UN agencies to meet the needs of IDPs and those affected by the crisis in Syria.

REPRODUCTIVE HEALTH

INDICATOR

INDICATOR	SINCE JANUARY
People reached with sexual/reproductive health services	1,051,264
Family planning consultations	463,092
Normal / assisted vaginal deliveries	33,484
C-Sections	26,810
Ante-natal care consultations	425,667
Post-natal care consultations	50,301
People trained on SRH-related topics	711

GENDER-BASED VIOLENCE

INDICATOR

INDICATOR	SINCE JANUARY
People reached with GBV programming / services	373,528
People reached with Dignity Kits	56,794
People provided with GBV case management	6,189
People reached with GBV awareness messages	304,258
People trained on GBV-related topics	480

YOUTH SERVICES

INDICATOR

INDICATOR	SINCE JANUARY
Beneficiaries reached with youth programming	141,980



* 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.





JULY HIGHLIGHT

THE COURAGE TO SPEAK UP

AFTER ESCAPING THE VIOLENCE IN HER HOMETOWN, HIND AND HER FAMILY SEEK SAFETY IN AL-HOL CAMP, WHERE HER RESILIENCE IS FURTHER TESTED.

"Back at home, my movements were heavily restricted due to shelling and the many frightening sounds we hear every day," explains Hind, a 16-year-old girl whose family recently sought safety at Al Hol Camp in Syria. "I was scared to go to school every day."

Even after spending half her life in the conflict, Hind still possesses the innocence and optimism of a 16-year-old. She exudes a youthful and childlike persona, finding joy in the little things such as lying down facing the sky and looking up at the stars, despite the small size of the tent in the camp.

"When we first settled in the camp, I immediately felt safer," recalls Hind. "All the sounds we'd gotten used to hearing simply disappeared. Until that day, I was in constant state of distress."

When we spoke to Hind, we discovered her passion for cooking, and heard her describe her dream of growing up and becoming a strong woman like her mother, who continues to provide for the family even during these trying times. Alas, Hind's newfound safety at the camp came to a sudden stop shortly after her arrival.

"One day, my mother had allowed me to practice my cooking with her, and I was so excited," recalls Hind. "I wish it had gone as I imagined, but it didn't."

On that day, Hind's mother had started her daily routine of preparing food for the family. As is common in IDP camps, most of the cooking is done in a shared kitchen space that is accessible to everyone in the camp, which is where Hind had spent most of the day with her mother. Toward the afternoon, her mother had to step out to collect aid materials, while Hind remained in the kitchen to finish the meal. This was where the incident took place; shortly after her mother left, a family member snuck into the room quietly and attempted to sexually assault her.

"I panicked," recalls Hind. "I didn't know how to react. The blood froze in my vessels and I couldn't move. I screamed hysterically and ran back into our tent to hide. My body had been violated by a family member."

When Hind heard of the WGSS supported by UNFPA, she initially hesitated to visit until her friend convinced her to attend one of the awareness-raising sessions. Despite being in total distress, she eventually summoned enough strength to attend.

"It is not the survivor's fault; that's what they focus on telling girls and women when they visit our center for support," explains Hind. "It is important to understand that survivors do not have any control over these situations, as such understanding helps in their quick recovery." This was what the case manager had explained during that difficult session, which was all too important for Hind to properly deal with the trauma of the situation. The session itself was empowering; they addressed the attendees with compassion and understanding, and it was that sense of support that finally gave Hind the strength to confide in her mother about the incident, who in turn notified the proper authorities at the camp.

"I feel stronger after sharing the incident with my mother," explains Hind. "The attacker has been removed from the camp and I don't have to worry about him anymore. My delicate character didn't stop me from raising my voice when I was threatened, and I believe that is how other girls should react. I'm not the first girl to go through this, and I won't be the last. I knew that if I spoke out, more girls will be encouraged to rise up."

CROSS-BORDER TURKEY

ENSURING ACCESS TO LIFE-SAVING SERVICES FOR ALL COMMUNITIES INSIDE SYRIA.

The civilian death toll is rising every day as the fighting continues in Idlib and northern Hama. More than 500,000 people have been displaced and more than 500 civilian deaths have been documented by the United Nations over the past three-and-a-half-month period. Most of these deaths were a result of the relentless campaign of airstrikes by the Syrian Government and its allies.

Since late April, there have been at least 42 attacks on healthcare reported, affecting 36 health facilities and 7 ambulances. Of these incidents, 11 were in Hama Governorate, 28 in Idlib and 3 in Aleppo Governorate. In total at least 17 health workers and patients have been killed.

UNFPA continued to respond to the ongoing crisis through provisioning of emergency services such as psychosocial first aid, activating outreach teams, distribution of essential RH and protection supplies, and strengthening the existing health facilities. In July, 5660 of dignity kits were distributed and 24 partners received SRH Kits and other items as bulks, with the latter kits covering the needs of 500,000 people for the period of six months.

REPRODUCTIVE HEALTH

INDICATOR

	SINCE JANUARY
Primary health facilities	13
Health facilities that provide Emergency Obstetric Care (EmOC)	13
Functional mobile clinics	8
People reached with sexual/reproductive health services	136,251
Family planning consultations	35,220
Normal / assisted vaginal deliveries	9,158
C-Sections	2,869
Ante-natal care consultations	61,035
Post-natal care consultations	6,746
People trained on SRH-related topics	274

GENDER-BASED VIOLENCE

INDICATOR

	SINCE JANUARY
Number of women and girls' safe spaces (WGSS)	14
People reached with GBV programming / services	83,858
People reached with Dignity Kits	56,830
People provided with GBV case management	711
People reached with GBV awareness messages	56,844
People trained on GBV-related topics	397



JULY HIGHLIGHT

IN SEARCH OF HOME

Najjah, a 25-year-old Syrian woman, lives with her very low-income family in one of the poor neighborhood of Aleppo. Her older sister was forced into marrying a man in his sixties because of the family's dire economic conditions — a practice that has become more prolific as communities struggle under the weight of conflict. Najjah, too, has struggled while living at home; her movements were severely restricted, her parents exercised unrelenting control over her life, and her older brother routinely subjected her to physical violence to the point where she fell unconscious, or at least pretended to be.

"Years passed as I waited for salvation," recalls Najjah. "I fell in love with a man who was 5 years older than me. My mom and older brother refused to allow me to marry him because he was already married and had children."

During one of their more heated arguments, Najjah was physically assaulted by her older brother, who ended up beating her mercilessly. She escaped from home and went to the man she loved and asked for refuge at his house. He eventually married her and she stayed with his first wife and children.

Months after their marriage, Najjah was beginning to see a totally new side to her newly-wed husband; he spent his evenings in bars and always returned home intoxicated. He also turned out to be extremely violent, practicing much of the same violence to which her brother used to subject her. Sometimes, he would use a braided electrical wire to make it hurt more. "His violent behavior continued to escalate and I could not take it any longer. Unfortunately, going back home was not an option either. There was nothing I could do but wait until I give birth to my baby girl."

Najjah escaped again to her older sister's house and began working as a housekeeper in a nearby local hospitals. "I despised life and everything in it. I worked during the day and cried at night. I was in so much pain and started developing erratic behaviors, such as screaming for no reason or breaking glass out of pure despair. Sometimes, I would break down completely, and these episodes were the worst."

During one such breakdowns, Najjah became extremely sick and her sister accompanied her to one of the UNFPA-supported healthcare points where she was admitted to the internal medicine section. During her treatment, the doctors ascertained that she needed more attention and, upon her consent, referred her to the GBV case manager named who worked in the same building.

"I could not trust anyone," explains Najjah to the case manager. "I've struggled a lot throughout my entire life and I have lost my ability to trust."

The case manager worked on developing an action plan with Najjah. She identified symptoms of severe depression and agreed with Najjah to refer her to the psychiatric clinic for cognitive behavioral therapy sessions. These continuous sessions with both the case manager and psychologist helped her regain confidence in her ability to take control of her life.

"For the first time after many struggles, life gave me something good and taught me to always stay hopeful," explains Najjah, her resolve clear and unwavering. "I am very thankful for all the help I received here. I'm now able to rise above my misery and hopefully start a better life."

COUNTRY OVERVIEW

EGYPT COUNTRY OFFICE

WITH NEARLY HALF A MILLION SYRIANS LIVING ALONGSIDE EGYPTIANS, UNFPA CONTINUES TO PROVIDE ASSISTANCE TO SYRIAN REFUGEES IN THE COUNTRY, FOCUSING ON ISSUES RELATED TO GENDER-BASED VIOLENCE.

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 continues 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

INDICATOR

	SINCE JANUARY
People reached with sexual/reproductive health services	3,554
Family planning consultations	183
Ante-natal care consultations	52
Functional mobile clinics	3

GENDER-BASED VIOLENCE

INDICATOR

	SINCE JANUARY
Number of women and girls' safe spaces (WGSS)	11
People reached with GBV programming / services	8,668
People provided with GBV case management	1,601
People reached with GBV awareness messages	3,957
People trained on GBV-related topics	132

YOUTH SERVICES

INDICATOR

	SINCE JANUARY
People reached with youth programming	353
People trained on youth-related topics	48



JULY HIGHLIGHT

RECLAIMING CHILDHOOD

Salma, a 22 years old Syrian woman, stood up in the middle of the room to tell her story. She had come to Egypt seven years ago with the intention of getting married, only she was barely 15 years old at the time. Her parents had sent her alone to an older man who had serious violent tendencies, and who eventually transformed her life into what she described as “a living hell.” She endured a wide array of abuse behavior, including verbal abuse, consistent physical violence, denial of resources, and even spousal rape.

Unfortunately, two daughters were born into this cycle of violence. Given that the marriage was not officially registered, their birth was not recognized by any legal documentation.

Eventually, Salma managed to get a verbal divorce, leaving her in a legal limbo in which she was forced to care for two undocumented infants as an undocumented divorcee. The lack of documentation eventually caused her separation from her children — an all too common occurrence that brings much suffering to survivors of forced and early marriage. Following the separation, she entered a severe depression; she couldn't stop crying and refused to leave the house for months.

Through a series of fortunate accidents, she ended up at a UNFPA-supported women and girls' safe space, where she began attending a series of activities designed to help women and girls in her situation to open up about their experiences and find solace in self-expression. This included storytelling, theater, and music, in addition to individual and group counseling sessions. She was also referred to legal assistance, which eventually helped her regain her rights to see her daughters.

Today, she is a volunteer at the center, helping other women rise up from the ashes of displacement and gender-based violence.

“This center is my lifeline,” explains Salma as she stood tall in front of a room full of people. “I hope to be able to do more here.”

COUNTRY OVERVIEW

IRAQ COUNTRY OFFICE

WITH HUNDREDS OF THOUSANDS 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 seven women community centres, eight health facilities, one delivery room, and five youth centres serving the refugee population in the Kurdistan region of Iraq.

UNFPA 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 SRH 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 programmes that span vocational training, awareness sessions, lectures on topics related to sexual and 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

People reached with sexual/reproductive health services	17,127
Family planning consultations	2,625
Normal / assisted vaginal deliveries	636
C-Sections	286
Ante-natal care consultations	3,815
Post-natal care consultations	1,163
People trained on SRH-related topics	363

SINCE JANUARY

GENDER-BASED VIOLENCE

INDICATOR

Number of women and girls' safe spaces (WGSS)	7
People reached with GBV programming / services	12,656
People reached with dignity kits	80
People provided with GBV case management	147
People reached with GBV awareness messages	21,876
People trained on GBV-related topics	101

SINCE JANUARY

YOUTH SERVICES

INDICATOR

People reached with youth programming	43,424
Number of functional youth centres	4

SINCE JANUARY



COUNTRY OVERVIEW
JORDAN COUNTRY OFFICE
 WITH 1.3 MILLION SYRIANS NATIONWIDE, UNFPA JORDAN CONTINUES TO PROVIDE ESSENTIAL SERVICES TO REFUGEE AND HOST COMMUNITIES THROUGHOUT THE KINGDOM.

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 sexual and reproductive health and gender-based 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 sexual and 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	62,365
Family planning consultations	14,127
Normal / assisted vaginal deliveries	1,156
Ante-natal care consultations	21,277
Post-natal care consultations	3,202
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	19,388
People provided with GBV case management	1,477
People reached with GBV awareness messages	8,603

YOUTH SERVICES

INDICATOR

SINCE JANUARY

Number of functional youth centres	1
People reached with youth programming	5,512
People trained on youth-related topics	243



JULY HIGHLIGHT

MARWA'S TRANSFORMATION

Marwa was 15 years old when she had to stop going to school. Her classroom, among many others in the western Syrian city of Homs, was converted into a bomb shelter. As the situation at home started to turn for the worse, Marwa and her family were unable to find safety so they fled to a neighboring village where they sought refuge for a year at a school.

"If I had the chance to go back to school, I would study the arts to become a painter," says Marwa, now 23 years old and working as a volunteer at a women's center for Syrians and vulnerable Jordanian women and girls in Azraq refugee camp.

Marwa and her family fled to Jordan when the situation at home started to turn for the worse. "Here, the situation was hard. Some of us suffer from medical conditions; my sister and I have Thalassemia (blood disorder)," Marwa explained.

Marwa wanted to find a sense of purpose. As she struggled to adjust to a refugee life—and felt limited due to her medical condition—Marwa came across a volunteer opportunity with the IRC as an assistant teacher for kindergarteners at the IRC's women center, and later became a receptionist where she coordinated activities such as handcraft, awareness sessions and Zumba classes for women and girls.

"My life path has totally changed because of the volunteering experience. I turned out to be an independent woman that believes in herself, her capabilities and enthusiasm to make friends," Marwa says with a smile on her face.

Marwa now feels confident and determined to work towards a career. She attended several courses at the IRC women center where she took recreational classes like sewing and beauty care. She also participated in psychosocial support sessions to help her overcome challenges and cope with the way people judged her because of her health condition.

The IRC's women protection and empowerment program has provided more than 24 volunteering opportunities in Azraq refugee camp since July 2016. The IRC also offers comprehensive primary health care services to the camp's population at two centrally-located clinics.

Marwa has finished her voluntary period, but has stayed committed to the center and is offering her support to her former colleagues.



COUNTRY OVERVIEW

LEBANON COUNTRY OFFICE

WITH THE HIGHEST PER CAPITA NUMBER OF SYRIAN REFUGEES IN THE WORLD, UNFPA LEBANON CONTINUES TO PROVIDE VITAL SERVICES TO SYRIANS NATIONWIDE.

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 programmes 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 sexual 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 sexual/reproductive health services	4,767
Family planning consultations	975
Normal / assisted vaginal deliveries	145
C-Sections	103
Ante-natal care consultations	1,603
Post-natal care consultations	203
Functional mobile clinics	3
People trained on RH-related topics	53

GENDER-BASED VIOLENCE

INDICATOR

SINCE JANUARY

Number of women and girls' safe spaces (WGSS)	1
People reached with GBV programming / services	13,459
People provided with GBV case management	2
People reached with GBV awareness messages	34,783
People trained on GBV-related topics	151

YOUTH SERVICES

INDICATOR

SINCE JANUARY

Number of functional youth centres	15
People reached with youth programming	840
People trained on youth-related topics	30



JULY HIGHLIGHT

CRAFTING STRENGTH

During the implementation of an awareness session for Syrian refugees about early marriage, one of the participants — Sahar — shared her story.

Sahar was married to her cousin when she was only 15 years old. At the time, he was 20, and what ensued was a series of health and financial complications that began with her being forcibly taken out of school. She was only engaged for about 7 months before she was officially married, and once at her husband's home, her lifestyle changed drastically.

"I had new plenty of new responsibilities that took all of my time," recalls Sahar. "I had to do household chores, cook and be physically ready for my husband, even if I was emotionally and psychologically not ready. I always remember our first night together; it was horrible. I constantly have flashbacks that take me back to that night."

Her in-laws continuously asked her if she was pregnant, despite her doctor repeatedly telling her that she was too young. While her husband was understanding, her in-laws were not, which affected his behavior towards her.

"One year later I became pregnant, but miscarried shortly before I completed my first trimester," said Sahar. "Everyone around me made me feel guilty, as if it was somehow my doing. It was in that moment that I decided to change my life from one ruled by negativity and weakness, to one driven by positivity, energy and strength."

She asked her husband to tell his mother not to interfere in their domestic life and shame her for losing her baby. Once Sahar and her husband talked things out and agreed on a way forward, their relationship became significantly better. After three years of marriage, Sahar became pregnant again.

She safely carried her pregnancy to term, giving birth to a son nine months later. Now, at 35 and a mother of three, she is an activist joining the fight against early marriage. She has become a peer educator at a UNFPA-supported facility, empowering young girls and educating them about the perils of early marriage and early pregnancy.

"That young, sensitive, fragile girl transformed into an empowered, tough, strong woman," explains Sahar. "It was not easy at all; it takes a lot of effort, work and open discussions with one's partner to make things work."



TURKEY COUNTRY OFFICE

WITH THE LARGEST NUMBER OF REFUGEES WORLDWIDE, TURKEY CONTINUES TO PROVIDE MUCH NEEDED ASSISTANCE TO DISPLACED SYRIANS THROUGHOUT THE COUNTRY.

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 sexual and reproductive health and gender-based violence services to Syrian communities in need, addressing assistance gaps and organizing far-reaching programs that serve to protect vulnerable members of the community.

REPRODUCTIVE HEALTH

INDICATOR

	SINCE JANUARY
Number of primary health facilities	30
People reached with sexual/reproductive health services	71,069
Family planning consultations	19,242
Ante-natal care consultations	7,524
Post-natal care consultations	1,733
People trained on SRH-related topics	631

GENDER-BASED VIOLENCE

INDICATOR

	SINCE JANUARY
Number of women and girls' safe spaces (WGSS)	30
People reached with GBV programming / services	159,111
People reached with dignity kits	17,750
People provided with GBV case management	462
People reached with GBV awareness messages	45,464
People trained on GBV-related topics	550

YOUTH SERVICES

INDICATOR

	SINCE JANUARY
Number of functional youth centres	4
People reached with youth programming	3,105

OTHER SERVICES

INDICATOR

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



JULY HIGHLIGHT

THE BEAUTY OF STABILITY

Maia, a 50-year-old Syrian woman with six children, had gotten married in her early twenties while attending college in Syria. Shortly after her marriage, she became pregnant with her first child, at which point she had to put her education on hold. Still, she was determined to become a college graduate and eventually returned to complete her degree in computer engineering. She was also an active volunteer at various humanitarian organizations in Syria and was committed to helping other women and girls survive under the weight of war, displacement and gender-based violence.

"We built a fairly normal and healthy life for ourselves," explains Maia. "My husband and I both had stable jobs, and my children had their entire lives in front of them. We were committed to being good parents and we lived up to that commitment. And then the war came and our lives were shattered."

During the early years of the conflicts in Syria, a missile landed on Maia's home one night, causing it to collapse while she and her family slept. The explosion instantly killed her husband and eldest son, trapping the rest of her children in the rubble for days. It was after that point that she and her surviving children fled to Turkey, with the exception of her middle child who at the time was attending a university in Aleppo.

"Our problems continued after the relocation to Turkey," explains Maia. "One of my sons travelled to Europe illegally by sea, which left me heartbroken with four children in a strange land and a list of seemingly impossible challenges. I literally died inside."

Maia struggled with depression for some time following her son's departure. The language barrier had made her life in Turkey difficult, and finding stable livelihood and community support seemed impossible. It was then that she decided to seek the help of a UNFPA-supported facility, where she was interviewed by a social worker to whom she opened up about her situation; the dire financial straits, her inability to register her children in school, and her growing sense of isolation in Turkey.

"The social worker was immensely helpful," explains Maia. "I was referred to a UNFPA-supported community center to receive financial support, while my children were successfully enrolled at school with the help of the team at the facility, who connected me to an aid programme designed for people facing similar situations. I was also receiving support by a psychologist to deal with the emotional trauma of the past years, which allowed me to begin the difficult healing process I so desperately needed. The amount of help I received almost felt too good to be true."

To help her establish roots in the community, Maia was also offered to work as a health mediator in the center, which she has been doing admirably for more than a year.

She had undergone a number of capacity building programs that allowed her to nurture the skills needed to excel in her work, which she explains has been crucial to her recovery. As she explains, "helping others brings me joy, and I cannot be happier now that my children can enjoy the benefits of a stable life."

COORDINATION UPDATES

UNFPA CONTINUES TO LEAD THE GBV AREA OF RESPONSIBILITY (GBV AOR), ENSURING THAT MINIMUM STANDARDS ARE IN PLACE TO PREVENT AND RESPOND TO GENDER-BASED VIOLENCE IN EMERGENCIES.

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. 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 Syria, a joint Protection/Child Protection and GBV three hours session took place in Damascus around PSEA principles, which invited participants to share experiences and best practices and discuss the way forward. Sector partners expressed willingness to help strengthen the PSEA network as soon as an interagency Community Based Complaint Mechanism is in place. During the meeting, partners reiterated the importance of a zero-tolerance policy towards PSEA and sexual harassment at the workplace. Moreover, one particular need identified during the meeting was the presence of a dedicated PSEA coordinator in northeastern Syria / Al Hol camp, with coordinators already working towards this objective.

Meanwhile, the GBV sub sector, as requested by OCHA, drafted the GBV strategy for Al Hol camp covering a period of 18 months (August 2019- December 2020), noting that the primary challenge of inadequate human resources could hamper implementation. Agencies are committed to sending more staff on a SURGE basis in order to bridge the gap, while GBV actors on the ground are strengthening the coordination mechanism through the inter-sector approach. Another Joint Protection Sector meeting took place in Al Hol Camp in order to better coordinate protection concerns, including inadequate distribution of protection services in the camp and accessibility of services by people with disabilities and the elderly.

In Turkey, a National GBV expert co-chaired the SGBV SWG meeting in Gaziantep, the theme of which was working with men and boys to address PSEA. A similar meeting was arranged on the issue of community and temporary accommodation centers (TAC), particularly with regards to decongestion and closure of accommodation centers. Meanwhile, a gender, GBV and case management training took place to introduce participants to key topics, including terminology, gender equality, root causes and consequences of GBV, among others.

In Jordan, the GBV Working Group focused on risk mitigation intervention with the support of a UNFPA GBVIE specialist from the roving team. The main purpose of the intervention was to assist humanitarian actors and communities in Jordan to coordinate, plan, implement, monitor and evaluate essential actions for the prevention and mitigation of GBV across selected sectors of humanitarian response to the Syria crisis. The intervention included meetings with key stakeholders, a workshop with sector leads, and a training based on GBV guidelines for integrating GBV interventions in humanitarian settings.



DONORS AND PARTNERS

THE WORK WE DO WOULD NOT HAVE BEEN POSSIBLE WITHOUT THE GENEROUS SUPPORT OF OUR DONORS AND PARTNERS, MANY OF WHOM HAVE BEEN SUPPORTING OUR OPERATIONS SINCE THE BEGINNING OF THE SYRIA CRISIS.

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

IMPLEMENTING PARTNERS

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

In Lebanon: Ministry of Public Health, Ministry of Social Affairs, Lebanon Family Planning Association for Development & Family Empowerment (LFPAD), 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: IFH (Institute for family health), MOH (Ministry of health), JHAS (Society Aid Health Jordanian), JWU (Jordanian Women’s Union), the National Council for Family Affairs (NCFA), YPEER (Youth Peer Education Network), Questscope, IRC, RHAS.

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 Affairs (MoFA), and Ministry of Health (MoH), Ministry of Family and Social Policies (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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RELEVANT RESOURCES

www.unfpa.org

www.ocha.org

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<http://syria.humanitarianresponse.info>



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