As the UN agency promoting reproductive health, UNFPA condemns attacks on health facilities and personnel, in particular, facilities where women and young girls seek help. We and our United Nations humanitarian partners are on the ground inside Syria and ready to deploy as rapidly as we can. We call on all parties to spare civilians as stipulated by international humanitarian law, which clearly prohibits the targeting of non-combatants, and to allow humanitarian access in order to spare additional Syrian lives.

UNFPA Executive Director, Dr. Natalia Kanem
Statement in Response to Escalation of Violence in Syria
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 in Syria through cross-border modalities from Jordan and 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.
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 continues to devastate the country and shows few signs of letting up in the near future.

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 hubs in Amman, Jordan and Gaziantep, Turkey for respective cross-border operations.

### REPRODUCTIVE HEALTH

**INDICATOR**

- Beneficiaries reached with reproductive health services: 667,864
- Family planning consultations: 155,287
- Normal / assisted vaginal deliveries: 24,525
- C-Sections: 18,506
- Ante-natal care consultations: 132,830
- Post-natal care consultations: 31,274
- People trained on RH-related topics: 658

### GENDER-BASED VIOLENCE

**INDICATOR**

- Beneficiaries reached with GBV programming / services: 236,624
- Population reached with Dignity Kits: 145,043
- Beneficiaries provided with GBV case management: 6,355
- Beneficiaries reached with GBV awareness messages: 131,991
- People trained on GBV-related topics: 273

### YOUTH SERVICES

**INDICATOR**

- Beneficiaries reached with youth programming: 37,680

---

**SNAPSHOT**

**RESPONSE EFFORTS FROM ALL OPERATIONS.**

**REPRODUCTIVE HEALTH**

**INDICATOR**

- Beneficiaries reached with reproductive health services
- Family planning consultations
- Normal / assisted vaginal deliveries
- C-Sections
- Ante-natal care consultations
- Post-natal care consultations
- People trained on RH-related topics

---

**GENDER-BASED VIOLENCE**

**INDICATOR**

- Beneficiaries reached with GBV programming / services
- Population reached with Dignity Kits
- Beneficiaries provided with GBV case management
- Beneficiaries reached with GBV awareness messages
- People trained on GBV-related topics

---

**YOUTH SERVICES**

**INDICATOR**

- Beneficiaries reached with youth programming

---

**INDICATOR**

- Beneficiaries reached with GBV programming / services
- Population reached with Dignity Kits
- Beneficiaries provided with GBV case management
- Beneficiaries reached with GBV awareness messages
- People trained on GBV-related topics

---

**SNAPSHOT**

**RESPONSE EFFORTS FROM ALL OPERATIONS.**

**REPRODUCTIVE HEALTH**

**INDICATOR**

- Beneficiaries reached with reproductive health services
- Family planning consultations
- Normal / assisted vaginal deliveries
- C-Sections
- Ante-natal care consultations
- Post-natal care consultations
- People trained on RH-related topics

---

**GENDER-BASED VIOLENCE**

**INDICATOR**

- Beneficiaries reached with GBV programming / services
- Population reached with Dignity Kits
- Beneficiaries provided with GBV case management
- Beneficiaries reached with GBV awareness messages
- People trained on GBV-related topics

---

**YOUTH SERVICES**

**INDICATOR**

- Beneficiaries reached with youth programming

---

**SNAPSHOT**

**RESPONSE EFFORTS FROM ALL OPERATIONS.**

**REPRODUCTIVE HEALTH**

**INDICATOR**

- Beneficiaries reached with reproductive health services
- Family planning consultations
- Normal / assisted vaginal deliveries
- C-Sections
- Ante-natal care consultations
- Post-natal care consultations
- People trained on RH-related topics

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**GENDER-BASED VIOLENCE**

**INDICATOR**

- Beneficiaries reached with GBV programming / services
- Population reached with Dignity Kits
- Beneficiaries provided with GBV case management
- Beneficiaries reached with GBV awareness messages
- People trained on GBV-related topics

---

**YOUTH SERVICES**

**INDICATOR**

- Beneficiaries reached with youth programming

---

**SNAPSHOT**

**RESPONSE EFFORTS FROM ALL OPERATIONS.**

**REPRODUCTIVE HEALTH**

**INDICATOR**

- Beneficiaries reached with reproductive health services
- Family planning consultations
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- Ante-natal care consultations
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- People trained on RH-related topics

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**GENDER-BASED VIOLENCE**

**INDICATOR**

- Beneficiaries reached with GBV programming / services
- Population reached with Dignity Kits
- Beneficiaries provided with GBV case management
- Beneficiaries reached with GBV awareness messages
- People trained on GBV-related topics

---

**YOUTH SERVICES**

**INDICATOR**

- Beneficiaries reached with youth programming

---

**SNAPSHOT**

**RESPONSE EFFORTS FROM ALL OPERATIONS.**

**REPRODUCTIVE HEALTH**

**INDICATOR**

- Beneficiaries reached with reproductive health services
- Family planning consultations
- Normal / assisted vaginal deliveries
- C-Sections
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- Post-natal care consultations
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**GENDER-BASED VIOLENCE**

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**YOUTH SERVICES**

**INDICATOR**

- Beneficiaries reached with youth programming

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**SNAPSHOT**

**RESPONSE EFFORTS FROM ALL OPERATIONS.**

**REPRODUCTIVE HEALTH**

**INDICATOR**

- Beneficiaries reached with reproductive health services
- Family planning consultations
- Normal / assisted vaginal deliveries
- C-Sections
- Ante-natal care consultations
- Post-natal care consultations
- People trained on RH-related topics

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**GENDER-BASED VIOLENCE**

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- Beneficiaries reached with GBV awareness messages
- People trained on GBV-related topics

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**YOUTH SERVICES**

**INDICATOR**

- Beneficiaries reached with youth programming

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**SNAPSHOT**

**RESPONSE EFFORTS FROM ALL OPERATIONS.**

**REPRODUCTIVE HEALTH**

**INDICATOR**

- Beneficiaries reached with reproductive health services
- Family planning consultations
- Normal / assisted vaginal deliveries
- C-Sections
- Ante-natal care consultations
- Post-natal care consultations
- People trained on RH-related topics

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**GENDER-BASED VIOLENCE**

**INDICATOR**

- Beneficiaries reached with GBV programming / services
- Population reached with Dignity Kits
- Beneficiaries provided with GBV case management
- Beneficiaries reached with GBV awareness messages
- People trained on GBV-related topics

---

**YOUTH SERVICES**

**INDICATOR**

- Beneficiaries reached with youth programming

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**SNAPSHOT**

**RESPONSE EFFORTS FROM ALL OPERATIONS.**

**REPRODUCTIVE HEALTH**

**INDICATOR**

- Beneficiaries reached with reproductive health services
- Family planning consultations
- Normal / assisted vaginal deliveries
- C-Sections
- Ante-natal care consultations
- Post-natal care consultations
- People trained on RH-related topics

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**GENDER-BASED VIOLENCE**

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- Beneficiaries reached with GBV programming / services
- Population reached with Dignity Kits
- Beneficiaries provided with GBV case management
- Beneficiaries reached with GBV awareness messages
- People trained on GBV-related topics

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**YOUTH SERVICES**

**INDICATOR**

- Beneficiaries reached with youth programming

---
Through its 118 Women and Girls Safe Spaces, 132 primary healthcare facilities, and 26 youth centers, UNFPA continues to provide essential reproductive health and gender-based violence services to women, girls, men and boys impacted by the Syria crisis.

While most beneficiaries reached by RH and GBV services are female, up to 15 percent of beneficiaries are males. Meanwhile, around 30 percent of youth beneficiaries and 40 percent of Dignity Kit recipients are males, while more than 14 percent of beneficiaries receiving training services covering RH, GBV and youth topics are males.
In March, hostilities and military operations in East Ghouta led to a continued influx of IDPs to Rural Damascus, severely impacting the protection and well-being of civilians inside the enclave. With more than 90,000 people displaced, the situation remains alarming for civilians staying in the collective shelters, most of which do not have the capacity or infrastructure to accommodate the large number of people arriving.

UNFPA Syria is on the ground to meet the dire needs and to respond to the rapidly changing situation in the Afrin and East Ghouta area. UNFPA and its partners continue to provide integrated RH and GBV services, including family planning supplies and counselling, gynecological consultations, antenatal care including supplements, post-natal care, psychosocial support and referral for deliveries and comprehensive emergency obstetric and neonatal care.

**SYRIA COUNTRY OFFICE**

**REPRODUCTIVE HEALTH**

**INDICATOR**
- Beneficiaries reached with reproductive health services: 469,742
- Family planning consultations: 96,841
- Normal/assisted vaginal deliveries: 18,807
- C-Sections: 15,779
- Ante-natal care consultations: 87,488
- Post-natal care consultations: 18,811
- Health facilities that provide Emergency Obstetric Care: 39
- Primary healthcare facilities: 61
- Partially-supported primary healthcare facilities: 917
- Mobile clinics: 62

**GENDER-BASED VIOLENCE**

**INDICATOR**
- Functional women and girls safe spaces (WGSS): 35
- Beneficiaries reached with GBV programming / services: 74,400
- Population reached with Dignity Kits: 10,046
- Beneficiaries provided with GBV case management: 3,473
- Beneficiaries reached with GBV awareness messages: 77,892

**YOUTH SERVICES**

**INDICATOR**
- Functional youth centres: 16
- Beneficiaries reached with youth programming: 27,028

**LONG-TERM OVERVIEW OF SERVICE DELIVERY**

- Beneficiaries reached with reproductive health services
- Beneficiaries reached with gender-based violence services
- Beneficiaries reached with youth services
**HIGHLIGHT**

**SAVING THE DISPLACED MOTHERS OF NORTHERN SYRIA**

**WITH HUNDREDS OF THOUSANDS DISPLACED IN NORTHERN SYRIA, UNFPA MOBILIZES ALL RESOURCES TO DELIVER SERVICES PREGNANT MOTHERS FACING HAZARDOUS CONDITIONS**

A surge in violence in Syria’s northern Afrin region has triggered a mass displacement of the civilian population, with an estimated 98,000 people fleeing as the hostilities approached Afrin City. The humanitarian situation is extremely precarious, with major unmet protection and medical needs, UNFPA found during its assessment mission on 17 March.

“The people are scattered at multiple locations. In Tal Refaat for example, they shut down 16 schools where teaching was taking place to accommodate displaced people,” said Massimo Diana, UNFPA’s representative in Syria. “In addition, a lot of people have moved into houses, warehouses, garages, mosques.”

An estimated 75,000 people poured into Tal Refaat over the past week, many walking for 36 hours to reach safety and shelter. Tens of thousands more have fled to the nearby areas of Nubbol and El Zahraa villages, and communities are bracing for additional arrivals in the coming days. It is estimated that the numbers of displaced in Tal Refaat could go up to 100,000.

Many of the arrivals have serious reproductive health needs. “We met a lot of people who were pregnant,” said Ameera Ahmad, a UNFPA gender officer who visited Tal Refaat and the surrounding areas.

During its mission, UNFPA - the first United Nations agency to reach these communities - delivered 2,000 dignity kits, which contain sanitary napkins, soap, toothbrushes, underwear and other vital hygiene supplies, and winter protection kits. UNFPA also supported the deployment of three mobile clinics: one general health clinic operated by the Syrian Arab Red Crescent, and two clinics specializing in sexual and reproductive health, operated by partner Mother Saint James the Mutilated (MSJM).

**Major reproductive health needs**

Many people lost access to medical care even before they were forced to flee. “Before they left Afrin, there was no electricity, no hospitals, no doctors - the doctors escaped also - so no one could serve them,” explained Ahmad.

Displacement has only exacerbated their hardship. Ahmad interviewed one woman who gave birth without any assistance during the trek to Tal Refaat. "She told me that she delivered on her own without any help. There was no doctor, no midwife — no one.”

UNFPA Youth Officer Nada Naja spoke with a dentist who fled Afrin. “She saw lots of women who were pregnant and had miscarriages on the road. She was so overwhelmed that she couldn’t talk anymore, and she started to cry. She told me, ‘I cannot describe to you what I saw.’”

But even pregnant women who safely arrive in Tal Refaat are facing limited medical services. Only one health facility in the city is functional, staffed by three doctors and a midwife. It is overwhelmed with patients and facing shortages of drugs and medical supplies. The nearest hospital is a privately run facility in Zahra, where treatments are costly.

UNFPA’s rapid assessment found an increase in home deliveries due to the lack of accessible and affordable services. At least one case, desperation has pushed people to perform surgeries in non-medical settings. “In one of the schools, a woman told us that a classroom was being emptied and cleaned because an operation was going to take place in this room,” Ms. Naja recounted.

The UNFPA-supported mobile clinics have reached hundreds since the start of the mission. On 17 March, over 100 children and 60 women were served. On 19 March, the clinics reached 112 women, of whom 49 were pregnant.

These clinics will continue to provide services until a longer-term solution is found.

**Extreme stress, protection needs**

The stresses of the conflict have pushed some to the breaking point. Huda Kaakeh, a UNFPA programme analyst, met one man who “expressed that if he had a gun, he would commit suicide right away.”

Shelters are overcrowded and lack suitable latrines, washing facilities and sufficient lighting. Many families are restricting the movement of women and girls out of fear for their safety.

“I met a lady close to Tal Refaat. She asked for solar lights because there is no electricity in the shelter. She cannot move in the dark or at night, so she asked for lights to go to the bathroom,” Ms. Kaakeh said.

UNFPA’s winter protection kits contain warm winter clothes and blankets, as well as whistles and flashlights to help women and girls navigate in the dark. But additional measures are needed to ensure safe access to toilets, public spaces and vital services.

Thousands more dignity kits and protection kits will be distributed in the coming weeks.

UNFPA is appealing for $9 million, both for its emergency response to the crisis in the Afrin region and also for its humanitarian response to the exodus of civilians from East Ghouta, where an estimated 100,000 people have been displaced by the escalating conflict.
UNFPA’s Mission

Delivering a world where every pregnancy is wanted, every childbirth is safe and every young person’s potential is fulfilled.

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.
UNFPA continues to provide services to Syrians located in areas inside Syria that are not controlled by the Syrian government, operating cross-border from Jordan. With primary healthcare facilities and Women and Girls Safe Spaces available to people in need, operations from cross-border Jordan continue to serve as a lifeline to pregnant women, adolescent girls, and survivors of gender-based violence, delivering services to areas where access to aid may be difficult to many.

Through the unanimous adoption of resolution Security Council Resolution 2165 in 2014, it was decided that United Nations agencies and humanitarian partners could, with notification to the Syrian authorities, use the border crossings from Jordan to ensure that assistance, including medical and surgical supplies, reached people in need throughout Syria through the most direct routes.

**CROSS-BORDER JORDAN**

**REPRODUCTIVE HEALTH**

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<tr>
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<tr>
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<td>Normal/assisted vaginal deliveries</td>
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<td>C-Sections</td>
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<td>Ante-natal care consultations</td>
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<td>Primary healthcare facilities</td>
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**GENDER-BASED VIOLENCE**

<table>
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<tr>
<th>INDICATOR</th>
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</thead>
<tbody>
<tr>
<td>Functional women and girls safe spaces (WGSS)</td>
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<tr>
<td>Beneficiaries reached with GBV programming / services</td>
<td>1,542</td>
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<tr>
<td>Beneficiaries provided with GBV case management</td>
<td>184</td>
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<tr>
<td>Beneficiaries reached with GBV awareness messages</td>
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**LONG-TERM OVERVIEW OF SERVICE DELIVERY**

- Beneficiaries reached with reproductive health services
- Beneficiaries reached with gender-based violence services
THE DESTRUCTIVE FIRES OF GENDER-BASED VIOLENCE

When Sarah — an adolescent girl from Syria — took refuge at the Women and Girls Safe Space operated by UNFPA from cross-border Jordan, it was painfully clear: she was the survivor of egregious family violence. With second-degree burns covering her entire body, Sarah was in severe shock and required emergency medical treatment.

The case manager at the safe space immediately assessed her needs and referred her to a health facility for urgent treatment of her burns. After an initial period of recovery, she was enrolled in an individual psychosocial support programme, during which she slowly opened up about the series of events that led her here.

An intelligent and determined young girl, Sarah grew up eager to pursue her education as a stepping stone toward self-reliance and fulfilment. Her elder brother, also the head of the household, vehemently disagreed. He believed that education is a waste of time for women, who will eventually be married to ease the burden of the household. Instead of relenting to his wishes, Sarah fought vehemently for her right to go to school, resulting in a vicious cycle of abuse that eventually culminated with him soaking her with kerosene and setting her on fire.

Home was no longer a safe space for Sarah. As per her wishes, the case manager explored with her several options to guarantee her safety and security, as well as her continued access to formal education. She eventually chose to move to her grandfather’s house, but insisted on continuing her psychosocial support sessions that she felt offered a safe and confidential space for her to express herself and find some semblance of healing.
As the crisis in Northern Syria continues to evolve, humanitarian needs on the ground remain bleak. Large waves of displaced people from Rural Damascus and southern Idlib have moved into Aleppo and North-Central Idlib. Basic services, that were already overburdened are now stretched even further.

This level of response to the current emergency has had a significant impact on the operations of UNFPA Turkey cross-border program’s implementing partners (IPs) whose resources are now being stretched thin. Total numbers of beneficiaries being reached on a monthly basis in 2018 are significantly higher than 2017. In addition, outreach services are now taking on a greater share of overall service delivery, which has resulted in more facility staff having to join and support outreach teams in their activities. As the situation evolves, the IPs continue to adapt and push admirably on.

### CROSS-BORDER TURKEY

#### REPRODUCTIVE HEALTH

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<thead>
<tr>
<th>INDICATOR</th>
<th>SINCE JANUARY</th>
</tr>
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<tbody>
<tr>
<td>Beneficiaries reached with reproductive health services</td>
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<tr>
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<td>Normal/assisted vaginal deliveries</td>
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<td>C-Sections</td>
<td>1,210</td>
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<td>Ante-natal care consultations</td>
<td>19,043</td>
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<td>Post-natal care consultations</td>
<td>3,436</td>
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<tr>
<td>Health facilities that provide Emergency Obstetric Care</td>
<td>9</td>
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<tr>
<td>Primary healthcare facilities</td>
<td>10</td>
</tr>
<tr>
<td>Functional mobile clinics</td>
<td>11</td>
</tr>
<tr>
<td>People trained on RH-related topics</td>
<td>19</td>
</tr>
</tbody>
</table>

#### GENDER-BASED VIOLENCE

<table>
<thead>
<tr>
<th>INDICATOR</th>
<th>SINCE JANUARY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Functional women and girls safe spaces (WGSS)</td>
<td>10</td>
</tr>
<tr>
<td>Beneficiaries reached with GBV programming / services</td>
<td>37,186</td>
</tr>
<tr>
<td>Population reached with Dignity Kits</td>
<td>10,462</td>
</tr>
<tr>
<td>Beneficiaries provided with GBV case management</td>
<td>238</td>
</tr>
<tr>
<td>Beneficiaries reached with GBV awareness messages</td>
<td>15,653</td>
</tr>
<tr>
<td>People trained on GBV-related topics</td>
<td>52</td>
</tr>
</tbody>
</table>

### LONG-TERM OVERVIEW OF SERVICE DELIVERY

- **Beneficiaries reached with reproductive health services**
- **Beneficiaries reached with gender-based violence services**

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**UNFPA Regional Situation Report for the Syria Crisis**

**Issue # 67 / March 2018**
I grew up in a simple family and the customs and traditions in our village did not allow girls to leave the house and go to school.

However, many things have changed now in Syria. Communities are now accepting things that they would not have allowed in the past. I started to dream of achieving things that were previously denied to me, like learning to read and write. Some people may see these things as small, but when I see women who are my age becoming doctors, engineers and even teachers, I am motivated to pursue an education.

My dream to be able to read and write intensified after I married and I got children who need more support, but for whom I had no means to provide. As a consequence, I was always stuck feeling sorry for myself and my children. But after my family and I settled, I heard about the center and its literacy courses, so I enrolled straight away, and I started to learn the alphabet.

It was difficult at first, but my will to learn allowed me to overcome the challenge. I attended all sessions enthusiastically and eventually completed the first level of the literacy course. I am now in the second level and I can read to my children. When I go to the doctor, I can read the names of doctors and even the prescription without the help of anyone.

Today, I am proud; I have achieved my childhood dream and I won’t stop here. I am fully committed to continue learning until I finish all available levels.

Nadira from Aleppo Governorate, Syria
Nadira has been receiving services at a women and girls safe space operated by UNFPA form cross-border Turkey.
Egypt remains a destination and transit country for refugees and asylum-seekers, most of which 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**

Beneficiaries reached with reproductive health services

**SINCE JANUARY** 103

**GENDER-BASED VIOLENCE**

**INDICATOR**

Functional women and girls safe spaces (WGSS)

Beneficiaries reached with GBV programming / services

Beneficiaries provided with GBV case management

Beneficiaries reached with GBV awareness messages

**SINCE JANUARY**

6

1,797

315

539

**YOUTH SERVICES**

**INDICATOR**

Beneficiaries reached with youth programming

**SINCE JANUARY** 419

**LONG-TERM OVERVIEW OF SERVICE DELIVERY**
THE ELUSIVE QUEST FOR SELF-CONFIDENCE

Najah — Arabic for success — is a 30-year-old Syrian refugee who first came to one of the Women and Girls Safe Spaces operated by UNFPA in Egypt six months ago. During the first month, she constantly wore her sunglasses indoors, masking most of her face, refusing to take them off. She was reserved and shied away from conversations with other Syrians as well as the staff at the safe space.

Slowly, she started opening up to the social worker who supervised her case, confiding in her that her husband had left her. He had left three years ago, leaving Najah with a son and daughter, and has not been back since. While married to him, Najah experienced systemic emotional abuse and was chronically depressed as a result. Having attributed his leaving to the fact that she was no longer attractive, she lost confidence in herself. This also reflected on her relationship with her children. She became more aggressive, often resorting to physically abusing her three and ten year old due to the negative emotions she experienced. Moreover, in some circles, a husband leaving is considered a taboo and a source of shame, which is why she felt pressured to keep her story a secret.

Najah found comfort in one-on-one counseling. It was one of the few outlets she had in Egypt, where her social networks were disrupted especially after her husband left. Counseling served as an opportunity for her to express herself in a space that was free of judgement. Concurrently, the counselor encouraged her to join the dance therapy sessions which helped her through her body-image insecurities and allowed her to socialize with other women. She also chose to enroll in the crochet classes, which increased her presence in the safe space and strengthened her ties to the community.

Today, Najah is slowly regaining her self-esteem. The dance therapy has helped her move forward from her past experiences and to stop blaming herself for her husband’s departure.
Currently, some 247,379 Syrian Refugees are registered with UNHCR in Iraq, with the majority centered in the Kurdistan Region while the remainder is distributed throughout the center and south of the country.

Over three million Iraqis have been internally displaced since January 2014, including close to one million internally displaced persons (IDPs) hosted in the three governorates of the Kurdistan Region of Iraq alongside the refugee population already hosted there.

The sheer number of IDPs and the deterioration of the economic situation has had a significant impact on the ability of Syrian refugees to attain and maintain self-reliance.

Moreover, budgetary issues as well as drops in oil prices continue to constrain the provision of basic services to refugees and the impacted community.

UNFPA Iraq has continued to scale up its responses to the Syria refugee crisis, with a wide array of programs tackling reproductive health, gender-based violence and overall capacity building.

Response activities are targeting refugees in the four primary camps in Iraq: Basirma, Drashakran, Kwrgosk, and Qwshtapa, with programs that span vocational training for women, awareness sessions for women and adolescent girls, lectures on topics related to reproductive health and gender-based violence, and various community engagement activities.

**REPRODUCTIVE HEALTH**

**INDICATOR**

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<thead>
<tr>
<th>Service</th>
<th>SINCE JANUARY</th>
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<td>Beneficiaries reached with reproductive health services</td>
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<td>Normal/assisted vaginal deliveries</td>
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<td>Ante-natal care consultations</td>
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<tr>
<td>Post-natal care consultations</td>
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<td>Health facilities that provide Emergency Obstetric Care</td>
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</tr>
<tr>
<td>Primary healthcare facilities</td>
<td>8</td>
</tr>
</tbody>
</table>

**GENDER-BASED VIOLENCE**

**INDICATOR**

<table>
<thead>
<tr>
<th>Service</th>
<th>SINCE JANUARY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Functional women and girls safe spaces (WGSS)</td>
<td>9</td>
</tr>
<tr>
<td>Beneficiaries reached with GBV programming / services</td>
<td>11,385</td>
</tr>
<tr>
<td>Population reached with Dignity Kits</td>
<td>28</td>
</tr>
<tr>
<td>Beneficiaries provided with GBV case management</td>
<td>451</td>
</tr>
<tr>
<td>Beneficiaries reached with GBV awareness messages</td>
<td>4,862</td>
</tr>
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**LONG-TERM OVERVIEW OF SERVICE DELIVERY**

- Beneficiaries reached with reproductive health services
- Beneficiaries reached with gender-based violence services
A SURVIVOR’S JOURNEY TOWARD MAKING A DIFFERENCE

NOT MANY ADOLESCENT GIRLS ARE FORTUNATE ENOUGH TO RISE UP FROM THE DESTRUCTION CAUSED BY CHILD MARRIAGE AND BECOME CHANGE-MAKERS. AYSHEH, A SYRIAN REFUGEE IN IRAQ, IS AN EXCEPTION.

Ayseh was only 15 years old when she and her family fled Qamishli, northeastern Syria, to find refuge in Iraq in 2014, escaping the devastating war in her country.

They landed in Domiz camp for Syrian refugees in the Kurdistan Region of Iraq. However, the miserable livelihood conditions pressured her father to travel to Europe seeking better job opportunities. Two years later, her stepmother decided to take her out of school and marry her to a 45-year-old man who is 28 years her senior.

Feeling helpless, the then-teenager sought help from the women centre in the camp where she told them her story. The women centre reached out to the stepmother and explained to her the risks of early marriage and the repercussion it would have on the young girl. Luckily, the intervention was successful and the social workers convinced the stepmother to allow Ayseh to go back to school and complete her education.

“I had given up on the idea of having a normal life. I felt my life had meaning again.”

Shortly after, the young woman became a regular at the women centre, attending all the sessions available. When a part-time volunteering opportunity at the centre presented itself, Ayseh applied and was selected.

“I feel content when I help women who are going through hard times,” explains Ayseh, now 19 years old. “They talk to me, I listen and advise them. In addition, the sum that I get in return helps me support my sibling and our family.”

Ayseh rose up from experience to become an active changemaker in her community. As she puts it, “my goal right now is to advocate against early and child marriages through the awareness sessions and activities conducted at the centre.”

YOUTH CENTRES HELP REFUGEES ACHIEVE PERSONAL GROWTH

When empowered and given the right opportunities, youth are effective drivers of change. The youth centres in Iraq provide young people with the learning and personal development opportunities through sessions on gender-based violence, health awareness, life etiquettes, English language courses, and others.

“The youth centre has been very beneficial to my personal growth. As young people living in refugee camps, we feel that our options are limited in terms of development and learning. Having access to the youth centres and the peer education sessions gives us a sense of normalcy,” said Hassan Al-Ali, a 20-year-old refugee from Qamishli, northeastern Syria.

The youth centre in Domiz camp for Syrian refugees focuses on promoting coexistence and integration through a variety of recreational activities. “I came to Domiz camp with my family of six in 2013. I was only 15. I remained without education until I joined the centre. I took photography sessions for a while and now I give sessions to other young people,” added Hassan.

The centre also develops and supports the talents of the young refugees: “My dream is to become an actor; I have the passion and the talent for it. I took a few courses at the centre and now I have the opportunity to teach theatre and dance classes to others.”

As young people living in refugee camps, we feel that our options are limited in terms of development and learning. Having access to the youth centres and the peer education sessions gives us a sense of normalcy.
UNFPA Jordan continues to provide much needed services to Syrian refugees nationwide.

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 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 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**

<table>
<thead>
<tr>
<th>Service</th>
<th>Since January</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beneficiaries reached with reproductive health services</td>
<td>33,875</td>
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<tr>
<td>Family planning consultations</td>
<td>6,111</td>
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<tr>
<td>Normal/assisted vaginal deliveries</td>
<td>409</td>
</tr>
<tr>
<td>C-Sections</td>
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<tr>
<td>Ante-natal care consultations</td>
<td>9,530</td>
</tr>
<tr>
<td>Post-natal care consultations provided</td>
<td>2,446</td>
</tr>
<tr>
<td>Health facilities that provide Emergency Obstetric Care</td>
<td>3</td>
</tr>
<tr>
<td>Primary healthcare facilities</td>
<td>15</td>
</tr>
</tbody>
</table>

### GENDER-BASED VIOLENCE

**INDICATOR**

<table>
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<tr>
<th>Service</th>
<th>Since January</th>
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</thead>
<tbody>
<tr>
<td>Functional women and girls safe spaces (WG55)</td>
<td>20</td>
</tr>
<tr>
<td>Beneficiaries reached with GBV programming / services</td>
<td>8,951</td>
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<tr>
<td>Beneficiaries provided with GBV case management</td>
<td>1,156</td>
</tr>
<tr>
<td>Beneficiaries reached with GBV awareness messages</td>
<td>3,758</td>
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### YOUTH SERVICES

**INDICATOR**

<table>
<thead>
<tr>
<th>Service</th>
<th>Since January</th>
</tr>
</thead>
<tbody>
<tr>
<td>Functional youth centres</td>
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<tr>
<td>Beneficiaries reached with youth programming</td>
<td>2,902</td>
</tr>
<tr>
<td>People trained on youth-related topics</td>
<td>79</td>
</tr>
</tbody>
</table>

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**LONG-TERM OVERVIEW OF SERVICE DELIVERY**

- Beneficiaries reached with reproductive health services
- Beneficiaries reached with gender-based violence services
- Beneficiaries reached with youth services

- Beneficiaries reached with reproductive health services
- Beneficiaries reached with gender-based violence services
- Beneficiaries reached with youth services
SAJIDA'S JOURNEY
STRIVING FOR SELF-ACTUALIZATION IN THE SHADOW OF CHILD MARRIAGE

Sajida, 17, took refuge in the Zaatari Camp five years ago during the early years of the crisis in Syria. The stark reality of life in a refugee camp, with uncertain prospects and minimal opportunities, led her family to consent to her marriage at age 15. Shortly after, she became pregnant with her first child and was compelled to drop out of school.

“I needed help,” explains Sajida, an energetic young girl whose manner and confidence far surpass her years. “Being pregnant at that age was a challenging ordeal for which I was quite unprepared. Dr. Siham, the gynecologist in the clinic, was simply amazing. She answered all my questions with a smile on her face and was so good to me.”

Foregoing education did not come easily to Sajida. “I am smart,” she explains proudly, her face beaming with confidence. “I am third in my class and I love to learn.”

Close to her sixteenth birthday, Sajida gave birth to her daughter Jameela at the reproductive health clinic in Zaatari, entering motherhood before fully experiencing her own childhood. Still, her passion for learning did not leave her entirely. After recovering from childbirth and carving for herself a fair measure of stability, she managed to return to school to resume her high school education, determined to make up for lost time and pursue her dream.

“I am committed to finishing school and going to college to study my favorite subject, history,” explains Sajida, who today is five months pregnant with her second child at the age of seventeen.

Sajida's story underscores the importance of combating the scourge of child marriage, which has become an all-too-prevalent coping mechanism for Syrian families in refugee camps. Studies have shown that more than a third of marriages among Syrian refugees in Jordan involve adolescent girls, most of whom believe that the normal age for marriage is under 18 years. Moreover, around 20 percent of women who seek antenatal care at UNFPA facilities are adolescents, meaning that they are most likely survivors of early and forced marriage or abuse.
LEBANON

COUNTRY REPORT

With the highest per capita number of refugees in the world, UNFPA 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 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**

<table>
<thead>
<tr>
<th>Service</th>
<th>SINCE JANUARY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beneficiaries reached with reproductive health services</td>
<td>1,996</td>
</tr>
<tr>
<td>Family planning consultations</td>
<td>591</td>
</tr>
<tr>
<td>Ante-natal care consultations</td>
<td>586</td>
</tr>
<tr>
<td>Post-natal care consultations provided</td>
<td>181</td>
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<tr>
<td>Primary healthcare facilities</td>
<td>3</td>
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<tr>
<td>Mobile clinics</td>
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**GENDER-BASED VIOLENCE**

**INDICATOR**

<table>
<thead>
<tr>
<th>Service</th>
<th>SINCE JANUARY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Functional women and girls safe spaces (WG55)</td>
<td>3</td>
</tr>
<tr>
<td>Beneficiaries reached with GBV programming / services</td>
<td>6,185</td>
</tr>
<tr>
<td>Beneficiaries provided with GBV case management</td>
<td>28</td>
</tr>
<tr>
<td>Beneficiaries reached with GBV awareness messages</td>
<td>6,857</td>
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</table>

**YOUTH SERVICES**

**INDICATOR**

<table>
<thead>
<tr>
<th>Service</th>
<th>SINCE JANUARY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Functional youth centres</td>
<td>1</td>
</tr>
<tr>
<td>Beneficiaries reached with youth programming</td>
<td>630</td>
</tr>
</tbody>
</table>

**LONG-TERM OVERVIEW OF SERVICE DELIVERY**

- Beneficiaries reached with reproductive health services
- Beneficiaries reached with gender-based violence services
- Beneficiaries reached with youth services

Since January to December.
UNFPA Regional Situation Report for the Syria Crisis

TURKEY

COUNTRY REPORT

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

REPRODUCTIVE HEALTH

INDICATOR

Beneficiaries reached with reproductive health services
Family planning consultations
Ante-natal care consultations
Post-natal care consultations provided
Primary healthcare facilities
People trained on RH-related topics

SINCE JANUARY

66,066
22,980
6,390
2,842
35
82

GENDER-BASED VIOLENCE

INDICATOR

Functional women and girls safe spaces (WGSS)
Beneficiaries reached with GBV programming / services
Population reached with Dignity Kits
Beneficiaries provided with GBV case management
Beneficiaries reached with GBV awareness messages
People trained on GBV-related topics

SINCE JANUARY

35
95,178
124,507
510
21,373
82

YOUTH SERVICES

INDICATOR

Functional youth centres
Beneficiaries reached with youth programming

SINCE JANUARY

4
6,701

OTHER

INDICATOR

Refugee service units

SINCE JANUARY

5

LONG-TERM OVERVIEW OF SERVICE DELIVERY

BENEFICIARIES REACHED WITH REPRODUCTIVE HEALTH SERVICES
BENEFICIARIES REACHED WITH GENDER-BASED VIOLENCE SERVICES
BENEFICIARIES REACHED WITH YOUTH SERVICES

Issue # 67 / March 2018
HELPING SYRIAN WOMEN OVERCOME DOMESTIC VIOLENCE

OFTEN TIMES, THE WARS Fought IN THE HOME ARE FAR MORE DESTRUCTIVE THAN THOSE Fought IN THE FIELD. THIS WAS THE CASE FOR BOTH LARA AND RUBA, TWO SYRIAN REFUGEES IN TURKEY WHOSE LIVES WERE SHATTERED BY DOMESTIC ABUSE.

In any humanitarian crisis, the risks of gender-based violence dramatically increase, putting women and their families at risk even at the hands of their closest family members. One of the more common manifestations of such risks is domestic abuse, an insidious form of violence that renders their very homes unsafe and cultivates a cycle of violence that is rather difficult to escape.

When Lara sought help from UNFPA in Turkey, her emotional state was dire. A 39-year-old Syrian refugee with four children, she was trapped in one such cycle of violence perpetuated by her husband, who frequently assaulted her and her mother who also shared their household, which made her fear for both their lives.

Lara’s family had attempted to survive the crisis in Syria despite the lack of stable income, getting by on what little savings they had for the first few years. Eventually, they were forced to take refuge in Turkey, settling in the southeastern city of Mardin where her husband made basic living doing construction work. The work was unstable and they could seldom make ends meet, which caused his mental state to deteriorate to a point where he would frequently have outbursts of rage directed at his wife, mother-in-law and — less frequently — his four children.

“**At that stage, economic independence was my only escape.**

In a foreign country with legal, cultural and language barriers in her way, Lara’s choices were few. While her resilience to the violence was remarkable, she felt her tether growing shorter by the day, and was determined to take action to safeguard her life and those of her mother and children.

“At that stage, economic independence was my only escape,” explains Lara. “I vowed that I would make enough money to take care of my mother and children, and to learn the Turkish language to help me create a stable life for them.”

UNFPA referred Lara to Kamer International, a non-profit foundation that provides support to women suffering from gender-based violence. During the initial interview, her requests were fairly simple: she needed a stable job, advice on family planning to avoid unwanted pregnancies, and psychosocial support to be able to process the emotional scars the abuse had inflicted — is a choice she will have to make. Nonetheless, her determination has allowed her to carve a fair measure of independence that will undoubtedly make this choice somewhat easier.

“She was finally able to rent a house for her mother and provide for her children, which substantially alleviated the tension within the household. Once the finances were taken care of, she was able to enroll in regular psychosocial support sessions, where she found a safe and confidential outlet for her feelings, beginning a healing process that would undoubtedly take time and effort.

“**Before this experience, I never truly believed that gender equality was a possibility,” explains Lara. “Now, I truly feel that women have more options and can become empowered to live in freedom and dignity.”**

Lara’s journey toward healing will be long and arduous, with some difficult decisions ahead. Whether or not she chooses to remain with her husband — to forgive and work toward addressing the violence he inflicted — is a choice she will have to make. Nonetheless, her determination has allowed her to carve a fair measure of independence that will undoubtedly make this choice somewhat easier.

“I had to leave the house simply to stay alive.

Unfortunately, many women are not as fortunate as Lara. Ruba, another Syrian refugee who sought help from UNFPA under similar circumstances, also found herself trapped in a violent marriage that made her feel for the lives of her children as well as her own. A 28-year-old mother of two, her family had migrated to Turkey shortly after the crisis, during which time her husband’s mental state was gradually worsening to the point of sporadic and dangerous bouts of violence.

“**He would suddenly lose control, beating me and the children for no apparent reason,” she explains. “It became so unbearable that I had to leave the house simply to stay alive. I wanted to take my children with me but he would not let me. My only hope was to find a way to divorce him and return with my children to Syria.”**

To Ruba, the war zone in Syria was preferable to the daily violence within her home, which highlights the level of despair that can accompany domestic abuse. The case manager at UNFPA immediately referred her to the Bar Association to begin divorce and custody proceedings, in addition to ensuring that she received sufficient psychosocial support to be able to withstand the stress of the lengthy legal battle.

Ruba was accompanied to her first meeting with her attorney, the results of which were grim at best. It was made clear that both divorce and custody will be a major challenge requiring months of legal proceedings, which also put her life at further risk. This is when the case manager decided to involve the authorities to ensure her safety, and she eventually chose to stay with her cousin until the legal battle came to an end. The case manager remains in regular contact with her to ensure that she is receiving sufficient psychosocial support during the process.

“They have been incredibly supportive and are doing everything they can to guarantee my safe return to Syria,” she explains. “This will be an uphill climb, but I am receiving all the help I can get to make it through this alive.” 

Kamer, impressed by Lara’s intelligence and determination, was able to hire her as a member of their support staff, in addition to facilitating the process of acquiring her initial financial aid to support her family.
UNFPA Regional Situation Report for the Syria Crisis

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.

In the Whole of Syria, UNFPA leads the GBV coordination mechanisms in Syria, in Turkey with Global communities and in Jordan with Relief International. In Iraq, UNFPA and IMC lead the GBV subcluster. In Jordan and Lebanon, UNFPA co-leads the refugee GBV response with UNHCR.

In March 2018, the SGBV Working Group in Turkey held a meeting in Ankara with the participation of the Ministry of Family and Social Policies, UNHCR, UNFPA, UNICEF and IOM. SOP on SGBV was reviewed and decided to be shared among members for endorsement. Moreover, an inter-sector working group meeting was attended for the West Coast coordination in Izmir with the aim to work collectively toward identifying gaps and avoiding duplications in services provided under the health sector.

As part of the Whole of Syria GBV coordination, the GBV Sub-Cluster (SC) in cross-border Turkey also finalized the update of the service mapping for GBV, CP, and Protection services and developed district level referral pathways. Discussions were also held with GBV SC members on how best to encourage referrals from other service providers, given that the Information Sharing Protocol prohibits the broad dissemination of the document. The GBV SC also organized a learning session on March 23 (16 participants: 14 organizations) on GBV core competencies for organizations providing case management and PSS (formerly involved in various groups of the Capacity Building Initiatives). During the session the GBV SC coordination team facilitated a case discussion to enhance this practice within organizations and to provide joint inputs on a challenging case presented by one of the participants. The GBV SC also focused on the emergency response of IDPs’ movement from East Ghouta. Response plans were consequently developed, in coordination with the Protection Cluster and its other Sub-Clusters. Furthermore meetings were organized and coordinating with members directly involved in the response, contributing to advocacy messages (WOS protection Alert on EG) and key protection messages developed to guide actors that are currently supporting with shelter/site identification in Idleb.

Actions to enhance GBV risk mitigation in other sectors continued this month from cross-border Turkey, with a focus on NFI/Shelter, FSL, and MHPSS to explore possibilities of NFI and FSL Cluster’s members to collaborate with Protection actors during distributions, especially during emergencies, and to improve referrals of GBV survivors. Agreement was also reached with MHPSS technical Working Group, for GBV to contribute to the PSS Manual for case workers and the related training material that they are developing with a specific session on GBV. The GBV SC Prevention and Risk Mitigation Taskforce finalized its 2018 operational plan and developed a guidance note for a joint activity to be carried out by GBV SC members in Syria and Turkey for the International Women’s Day. The activity, “I am Powerful,” consisted in making women and girls reflect on those aspects of their life and personality that make them resourceful. Men and boys were encouraged to do the same in relation to their wives, daughters, sisters and female colleagues. Finally, a quarterly update of the GBV SC main achievements was sent out to main donors and to the leadership.
The work we would not have been possible without the generous support of our donors & partners, many of whom have been supporting our operations since the beginning of the Syria crisis.

CURRENT DONORS

Austria, Canada, Denmark, The European Commission, Finland, France, Italy, Japan, Republic of Korea, Norway, Sweden, and the United Kingdom.

Private sector: MBC and Samsung Electronics, and TOMS.

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 Catholic Archbishopric – Relief and Development Center (RDC), Syrian Commission for Family Affairs and Population, SCS, SEBC.


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 Aairs), Questscope.


In Iraq: Ministry of Culture, Sport and Youth (MCSP), Ministry of Labor & Social Aairs (MLSA), Al Massela, START NGO and Harikar.

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 Airs (MoFA), and Ministry of Health (MoH), Ministry of Family and Social Policies (MoFSP), ASAM (Association for Solidarity with Asylum Seekers and Migrants), HUKSAM (Hacettepe University Women’s Research and Implementation Center), KAMER (Women's Center Foundation), CVF (Community Volunteers Foundation), Osmangazi University, PYD (Positive Life Association), SpoD (Social Policies, Gender Identity, and Sexual Orientation Studies Association), Bilgi University, TOG, 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
www.unhcr.org
http://syria.humanitarianresponse.info

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