

UNITED NATIONS POPULATION FUND

REGIONAL SITUATION REPORT

FOR THE SYRIA CRISIS



ISSUE # 69
MAY 2018



“ All regions made progress towards achieving universal access to sexual and reproductive health and realizing reproductive rights. And the fastest progress was seen in regions that included primarily UNFPA priority countries, except for those regions affected by active humanitarian crises. This was particularly true for the least developed countries – countries that utilized 54 per cent of the UNFPA programme budget.

UNFPA Executive Director, Dr. Natalia Kanem

Statement to the Annual Session of the Executive Board 2018

5 June 2018

IN THIS REPORT

OVERVIEW OF THE CONTENTS OF ISSUE # 69 / MAY 1-30 2018.

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.

SECTION	PAGE
RESPONSES FROM ALL OPERATIONS	4
SYRIA COUNTRY OFFICE	6
CROSS-BORDER JORDAN	9
CROSS-BORDER TURKEY	11
EGYPT	13
IRAQ	15
JORDAN	17
LEBANON	19
TURKEY	20
COORDINATION	23
DONORS & PARTNERS	23



SNAPSHOT

THE SYRIA CRISIS

RESPONSE EFFORTS FROM ALL OPERATIONS.

REPRODUCTIVE HEALTH

INDICATOR

INDICATOR	SINCE JANUARY
Beneficiaries reached with reproductive health services	859,731
Family planning consultations	319,300
Normal / assisted vaginal deliveries	18,235
C-Sections	20,938
Ante-natal care consultations	246,577
Post-natal care consultations	13,371
People trained on RH-related topics	1,217

GENDER-BASED VIOLENCE

INDICATOR

INDICATOR	SINCE JANUARY
Beneficiaries reached with GBV programming / services	383,684
Population reached with Dignity Kits	216,364
Beneficiaries provided with GBV case management	8,794
Beneficiaries reached with GBV awareness messages	167,878
People trained on GBV-related topics	984

YOUTH SERVICES

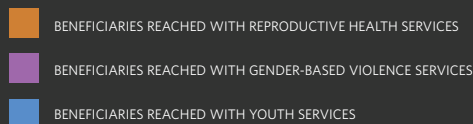
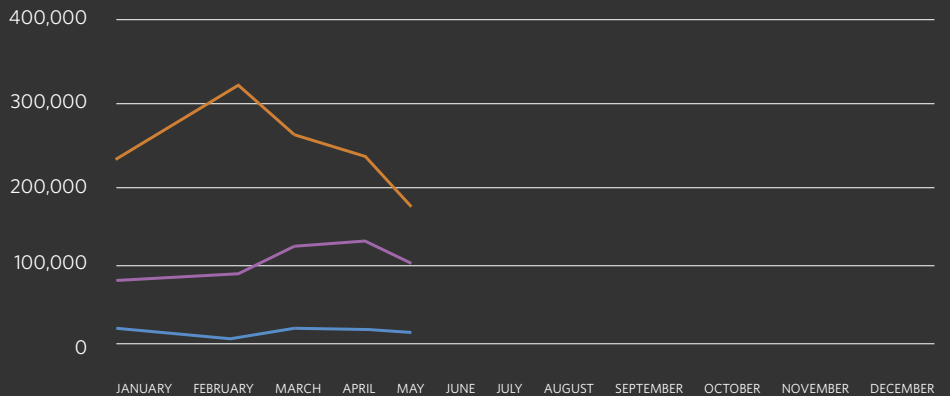
INDICATOR

INDICATOR	SINCE JANUARY
Beneficiaries reached with youth programming	47,622
Beneficiaries trained on youth-related topics	54



* Above figures reflect fully-supported service-delivery points. Inside Syria additional 917 primary healthcare facilities are being partially supported through the Ministry of Health.

LONG-TERM OVERVIEW OF SERVICE DELIVERY (monthly, non-cumulative)



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.

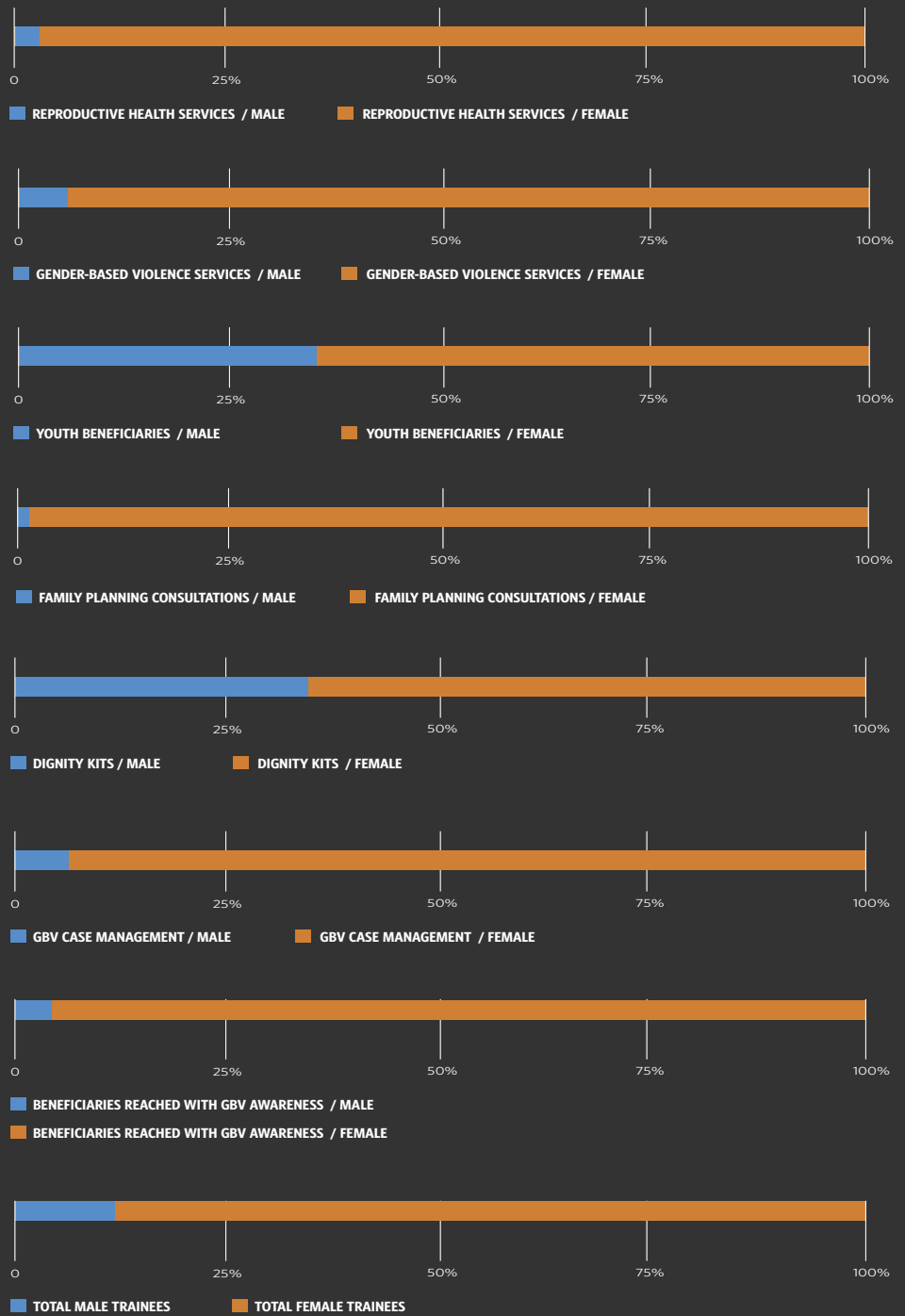
SNAPSHOT

THE SYRIA CRISIS

RESPONSE EFFORTS FROM ALL OPERATIONS.

KEY INDICATORS DISAGGREGATED BY SEX

(cumulative since January)

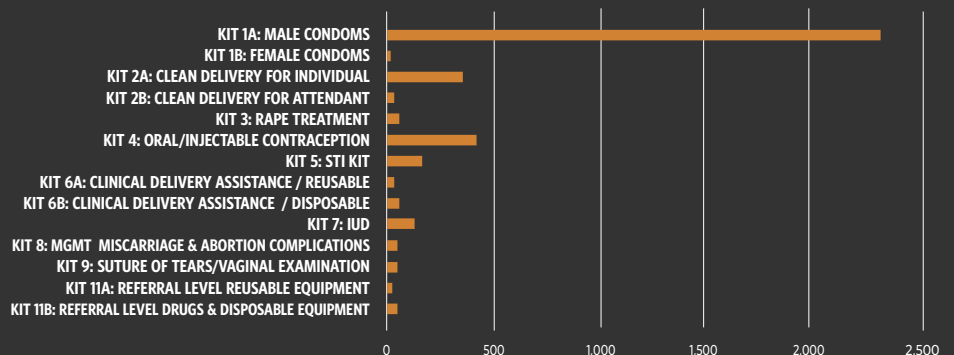


Through its 129 Women and Girls Safe Spaces, 144 primary healthcare facilities, and 26 youth centers, UNFPA continues to provide essential reproductive health and gender-based violence services to women, girls, men and boys impacted by the Syria crisis.

While most beneficiaries reached by RH and GBV services are female, up to 15 percent of beneficiaries are males. Meanwhile, around 70 percent of youth beneficiaries and 60 percent of Dignity Kit recipients are females, while around 85 percent of beneficiaries receiving training services covering RH, GBV and youth topics are females.

TOTAL REPRODUCTIVE HEALTH KIT DISTRIBUTION

(cumulative since January)



COUNTRY REPORT
WHOLE OF SYRIA
 COMBINED RESPONSES FROM SYRIA COUNTRY OFFICE,
 CROSS-BORDER JORDAN AND CROSS-BORDER TURKEY.

SYRIA COUNTRY OFFICE

REPRODUCTIVE HEALTH

INDICATOR	SINCE JANUARY
Beneficiaries reached with reproductive health services	557,857
Family planning consultations	227,770
Normal/assisted vaginal deliveries	13,542
C-Sections	12,211
Ante-natal care consultations	172,363
Post-natal care consultations	30,067
Health facilities that provide Emergency Obstetric Care	35
Primary healthcare facilities	64
Partially-supported primary healthcare facilities	917
Mobile clinics	65
People trained on RH-related topics	478

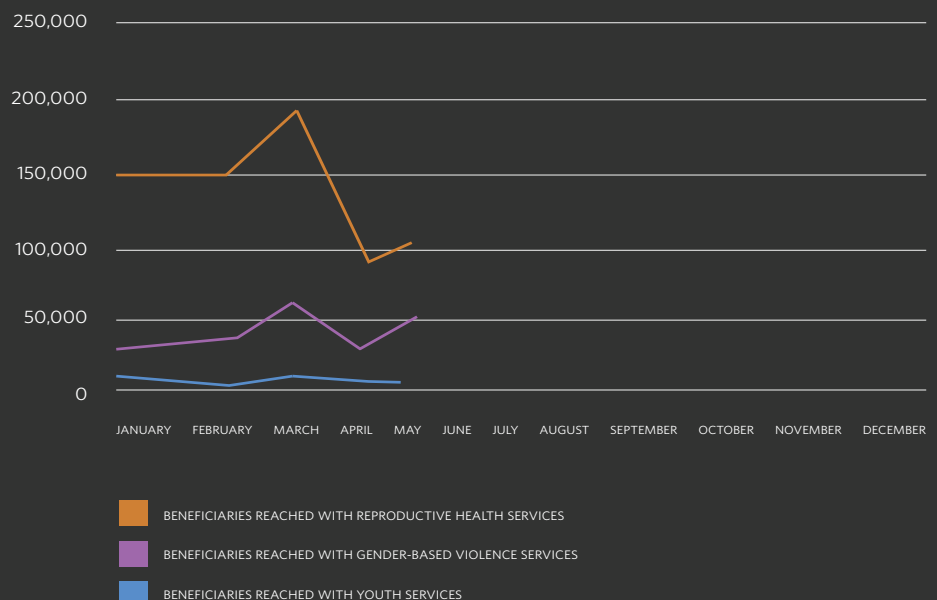
GENDER-BASED VIOLENCE

INDICATOR	SINCE JANUARY
Functional women and girls safe spaces (WGSS)	35
Beneficiaries reached with GBV programming / services	130,847
Population reached with Dignity Kits	51,755
Beneficiaries provided with GBV case management	4,020
Beneficiaries reached with GBV awareness messages	70,942
People trained on GBV-related topics	467

YOUTH SERVICES

INDICATOR	SINCE JANUARY
Functional youth centres	16
Beneficiaries reached with youth programming	31,948

LONG-TERM OVERVIEW OF SERVICE DELIVERY
 (monthly, non-cumulative)



In April, UNFPA Syria continued to respond to the aftermath of the hostilities in East Ghouta. With more than 158,000 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.

HIGHLIGHT

HELPING MOTHERS IN THE THROES OF DISPLACEMENT

RUQAYYA ESCAPED THE ESCALATING VIOLENCE IN DEIR EZ-ZOR AND TOOK REFUGE IN AL-AREESHEH CAMP, WHERE COMPLICATIONS DURING DELIVERY NEARLY TOOK HER LIFE.

Ruqayya was pregnant when she fled her city of Deir ez-Zor in north-eastern Syria, accompanied by her husband and her two young children.

At the time, Ruqayya was pregnant with her third child — a pregnancy that proved rather challenging considering the environment of instability plaguing the country and her ongoing concern that access to reliable reproductive health services will become increasingly difficult.

The family took refuge in Al-Areesheh camp in Al-Hasakah Governorate — but Ruqayya's ordeal was far yet over. Shortly after her arrival in the camp, she went into labour, but it quickly became clear that something was very wrong.

"I thought I might die before the baby came into the world," explains Ruqayya. "I escaped death in my town but thought that death had caught up with me during labour."

"Ruqayya entered labour and suffered a series of complications, and it quickly became clear that she needed an emergency C-section operation," explains Dr. Adnan, UNFPA coordinator.

Unfortunately, in Al-Areesheh camp — where around 24,000 internally displaced individuals have taken refuge — there are no brick-and-mortar health facilities, leaving pregnant and new mothers at risk.

"Given the absence of primary health facilities in the camp, the only healthcare services are provided by UNFPA," said Dr. Adnan. "Pregnant women do not have reliable access to antenatal care, and new mothers lack regular post-partum services and newborn care."

Experts who have evaluated the situation note that many pregnant and breastfeeding women are not receiving proper nourishment and often lack basic hygiene items. Since the onset of the crisis, the humanitarian conditions in the camp have substantially deteriorated, with environmental hazards that include poor water and sanitation infrastructure. The lack of adequate sanitation means that the risk for the outbreak of communicable diseases constantly looms on the horizon.

UNFPA and its partners have responded by stepping up services in the camp.

"The Syria crisis is one of the biggest humanitarian crisis in the world today with millions displaced both inside and outside the country. Even in these circumstances, UNFPA believes that every Syrian woman and girl has the right to sexual and reproductive health (SRH) and protection from gender based violence (GBV)," commented Massimo Diana, UNFPA's Representative in Syria.

These efforts are part of UNFPA's broader response to the humanitarian needs in Syria.

In Al-Hasakah Governorate, for example, UNFPA is working with local Syrian organizations to provide relief services, including a total of seven mobile teams, seven health clinics and three women's and girls' safe spaces.

As for Ruqayya, she managed to escape death once again. She was transferred to the nearest clinic, a facility operated by Al Yamameh Charity with support from UNFPA. There, she safely delivered a baby girl. Afterward, UNFPA staff visited her at the facility. She and the baby were both recovering well.

Like all mothers, Ruqayya has hopes and fears about her baby's future. To set her on a good path, she gave the baby a name with a special meaning.

"Her name is Hala," Ruqayya explained, delicately transferring the newborn from one arm to the other, "after the psychologist who helped me when I thought I was all alone."

Since the escalation of conflict in Deir ez-Zor governorate last year, more than 320,000 people have been displaced. Residents are living in damaged and vulnerable shelter types across the governorate, with the vast majority of sheltering in either unfinished buildings, collective centres or informal tented settlements.

“ Her name is Hala, after the psychologist who helped me when I thought I was all alone.

Ruqayya from Deir ez-Zor Governorate, Syria
Ruqayya received emergency RH services from UNFPA Syria following the violence in Deir Ezzor.



Photo by UNFPA Syria

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.

COUNTRY REPORT

WHOLE OF SYRIA

COMBINED RESPONSES FROM SYRIA COUNTRY OFFICE, CROSS-BORDER JORDAN AND CROSS-BORDER TURKEY.

CROSS-BORDER JORDAN

REPRODUCTIVE HEALTH

INDICATOR	SINCE JANUARY
Beneficiaries reached with reproductive health services	32,407
Family planning consultations	5,709
Normal/assisted vaginal deliveries	1,907
C-Sections	3,369
Ante-natal care consultations	13,696
Post-natal care consultations	5,281
Health facilities that provide Emergency Obstetric Care	6
Primary healthcare facilities	9

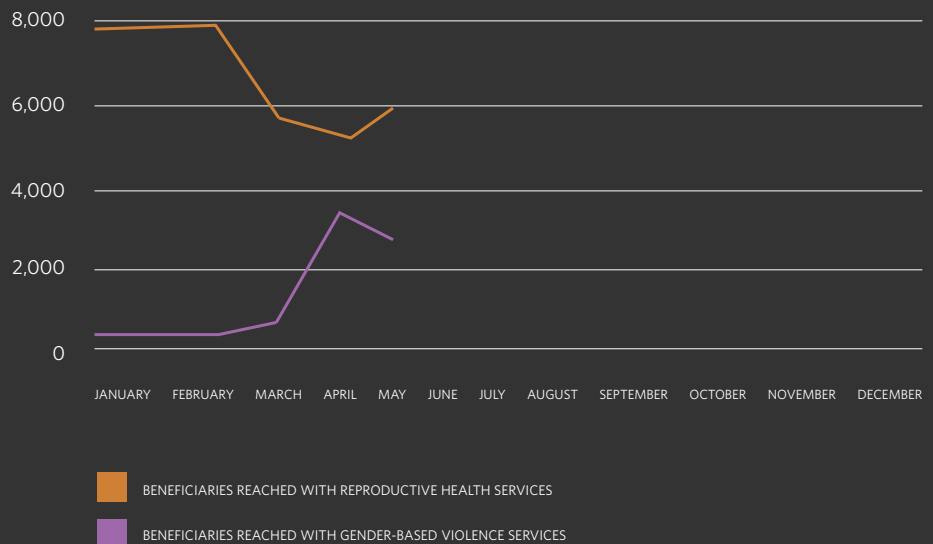
GENDER-BASED VIOLENCE

INDICATOR	SINCE JANUARY
Functional women and girls safe spaces (WGSS)	16
Beneficiaries reached with GBV programming / services	7,552
Beneficiaries provided with GBV case management	370
Beneficiaries reached with GBV awareness messages	2,557

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.

April registered a significant increase in the number of women and girls coming to the Women and Girls Safe Spaces due to rescheduling and the addition of new group activities. The staff at those spaces continue to adjust programs and activities based on beneficiary feedback in an effort to create a harmonious and personalized environment that is conducive to healing and self-development.

LONG-TERM OVERVIEW OF SERVICE DELIVERY
(monthly, non-cumulative)



HIGHLIGHT

THE INVISIBLE CHAINS OF SEXUAL EXPLOITATION

AFTER SHE ATTEMPTED TO ESCAPE FROM A TOXIC AND ABUSIVE RELATIONSHIP, HAYA FOUND HERSELF TRAPPED IN AN IMPOSSIBLE NIGHTMARE THAT NEARLY DROVE HER TO SUICIDE.

Gender-based violence can take on a multitude of forms, many of which may not necessarily involve direct physical violence. One sinister and utterly destructive form of violence is revenge pornography, the risk of which has considerably increased in the digital age.

Adolescent girls around the world are constantly grappling with the threat of revenge pornography, becoming unwitting targets even when they least expect it.

Revenge porn not only has deleterious consequences in the short-term but can frequently result in serious injury or death. Survivors of this form of sexual violence may resort to taking their own lives out of fear or shame, or — in some cultures — become victims of honor killings.

Haya from Southern Syria learned this the difficult way. When she first started dating Rami, she had hopes for the relationship; he seemed like a caring, protective partner who genuinely cared about her well-being. Little did she know that she was about to enter a nightmare that would almost cost her her life.

"It was the definition of a toxic relationship," explains Haya. "It took sometime for him to reveal his darker, violent side, and by then I had trusted him completely. At some point, I knew I had to get out."

Leaving proved much more difficult than she had anticipated. When the threat of violence did not work, he threatened to release private photographs he had taken of her during their relationship.

"I might be living in a war-torn country and fear is part of our daily lives, but that moment when he threatened to release those pictures was the most frightening moment of my entire life," explains Haya. "I was devastated, and I felt completely trapped and hopeless."

Given the sensitive nature of the issue, Haya felt that should could not approach anyone with her problem, which only heightened her sense of isolation and entrapment. Her feelings of shame and guilt took over, and she entered a state of severe depression, during which she began to seriously contemplate suicide.

"I felt as though I had two choices: I could either kill him or kill myself. There was simply no other alternatives at that moment," explains Haya. "The thoughts were so vivid and dominant that I even visualized how I would do it."

After noting her deteriorating state of mind, her family members chose to connect her to a woman and girls safe space supported

by UNFPA through cross-border Jordan. There, she received individual assistance and was immediately enrolled into intensive counseling, where she found a space and confidential outlet to share her story.

Being able to confide in someone and explore her options rationally was an immense relief. She began to feel a trace of hope, understanding that her situation should not spell the end of her life. The counseling sessions also showed her that she was alone; that many girls her age have survived similar predicaments and, with the proper help, managed to move on.

"Healing from such an experience is a long and difficult journey," explains Haya. "Luckily, I have found in myself to process my feelings of anger and hopelessness, and I have committed to overcome any thoughts of ending my own life."

Haya's story is not an outlier. In humanitarian crises, the risk of sexual exploitation of women and girls substantially increases, particularly given the shortage of viable livelihood opportunities and disruptions in safety nets, including the rule of law. UNFPA and its partners actively work toward preventing exploitation and ensuring that survivors receive adequate counseling and support.

“ I might be living in a war-torn country and fear is part of our daily lives, but that moment when he threatened to release those pictures was the most frightening moment of my entire life.

Haya from Southern Syria

Haya has been receiving services at a women and girls safe space operated by UNFPA from cross-border Jordan.

COUNTRY REPORT

WHOLE OF SYRIA

COMBINED RESPONSES FROM SYRIA COUNTRY OFFICE, CROSS-BORDER JORDAN AND CROSS-BORDER TURKEY.

CROSS-BORDER TURKEY

REPRODUCTIVE HEALTH

INDICATOR	SINCE JANUARY
Beneficiaries reached with reproductive health services	99,662
Family planning consultations	39,083
Normal/assisted vaginal deliveries	4,340
C-Sections	1,841
Ante-natal care consultations	30,998
Post-natal care consultations	5,992
Health facilities that provide Emergency Obstetric Care	6
Primary healthcare facilities	10
Functional mobile clinics	11
People trained on RH-related topics	43

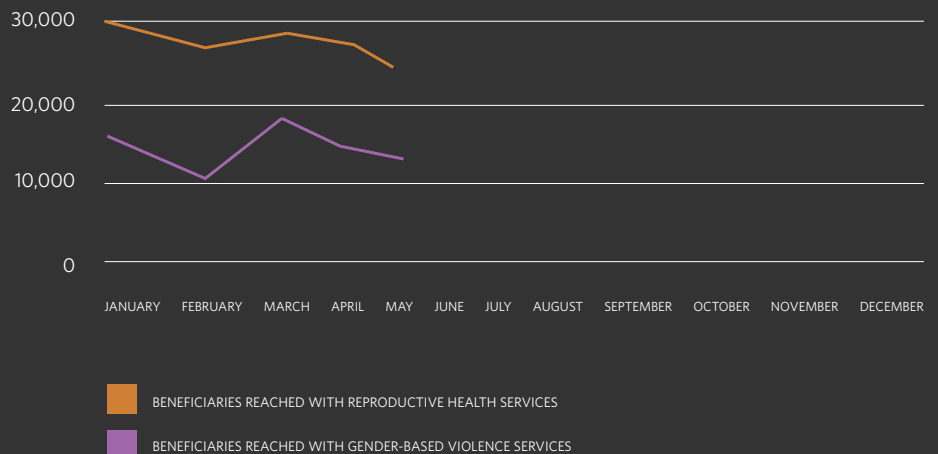
GENDER-BASED VIOLENCE

INDICATOR	SINCE JANUARY
Functional women and girls safe spaces (WGSS)	11
Beneficiaries reached with GBV programming / services	57,506
Population reached with Dignity Kits	18,353
Beneficiaries provided with GBV case management	351
Beneficiaries reached with GBV awareness messages	28,329
People trained on GBV-related topics	189

UNFPA Turkey's Cross Border program has experienced significant changes during the month of May that resulted from shifting lines of control in areas of operation. Three supported health facilities in formerly besieged areas of Homs were evacuated and service provision discontinued at those locations. Evacuations were conducted according to approved procedures that ensure the possibility of continued humanitarian assistance in those areas as well as accountability to stakeholders.

Service provision through Turkey Cross-Border hubs supported facilities is continuing to place a strong emphasis on emergency response to displacements that have taken place. Furthermore, increased focus has been placed on ensuring services that are friendly to people with disabilities (PWD) at supported facilities. To this end, Turkey Cross-Border hub has worked with IPs to develop a list of action points that are aimed at improving accessibility and inclusion of PWD.

LONG-TERM OVERVIEW OF SERVICE DELIVERY
(monthly, non-cumulative)



“

“I start work at 8:00 a.m. and the first task is usually to plan with colleagues the activities for the day. For example, we have to decide if we are able to conduct outreach on that day. Sometimes the risks are too high, sometimes there are competing priorities, but outreach activities are always important to me. They give us a chance to reach people outside the center, provide them with information about the center, and encourage them to take part in activities and receive services. This way we empower women and take them out of isolation.

We have specific steps for case management: We always begin with an introduction and a brief welcoming session, generally trying to make them feel comfortable. The sessions are adapted to the survivor's specific needs and the form of violence they have experienced, be it physical and or psychological. Safety plans are established during the first sessions and these might be revised multiple times based on the situation and evolving needs of the survivor.

I always find that obtaining informed consent is one of the most challenging aspects of the work. Also, not being able to support the survivor and help them receive the services they need can be quite frustrating. The training I have received through UNFPA has provided me with new techniques on how to deal with informed consent. I've also received guidance on how to use referral pathways so that now we can ensure the survivor has access to a wider variety and higher quality services. With these trainings and tools, I think my work will be easier.

Overall, our work and the environment in which we do it offers very little respite. The only things that I can do to manage the stress is to make sure that I surround myself with the people I love and try to separate work from life at home. I also love nature and like to hike; I would do a 10km hike every week if I could!

I would also like to give my thanks for this opportunity to express myself. It is in a way another form for self-care exercise. We don't get a chance to share stories and experiences with people from outside that often, and I consider it a great opportunity.

GBV Case Manager, Aleppo Governorate

UNFPA Turkey Cross-Border hub interviewed GBV Case Managers working in Syria to get a perspective of everyday life and routine on the ground for these front-line service providers.

COUNTRY REPORT

EGYPT

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.

REPRODUCTIVE HEALTH

INDICATOR

Beneficiaries reached with reproductive health services

SINCE JANUARY

471

GENDER-BASED VIOLENCE

INDICATOR

Functional women and girls safe spaces (WGSS)

SINCE JANUARY

9

Beneficiaries reached with GBV programming / services

3,387

Beneficiaries provided with GBV case management

461

Beneficiaries reached with GBV awareness messages

1,050

YOUTH SERVICES

INDICATOR

Beneficiaries reached with youth programming

SINCE JANUARY

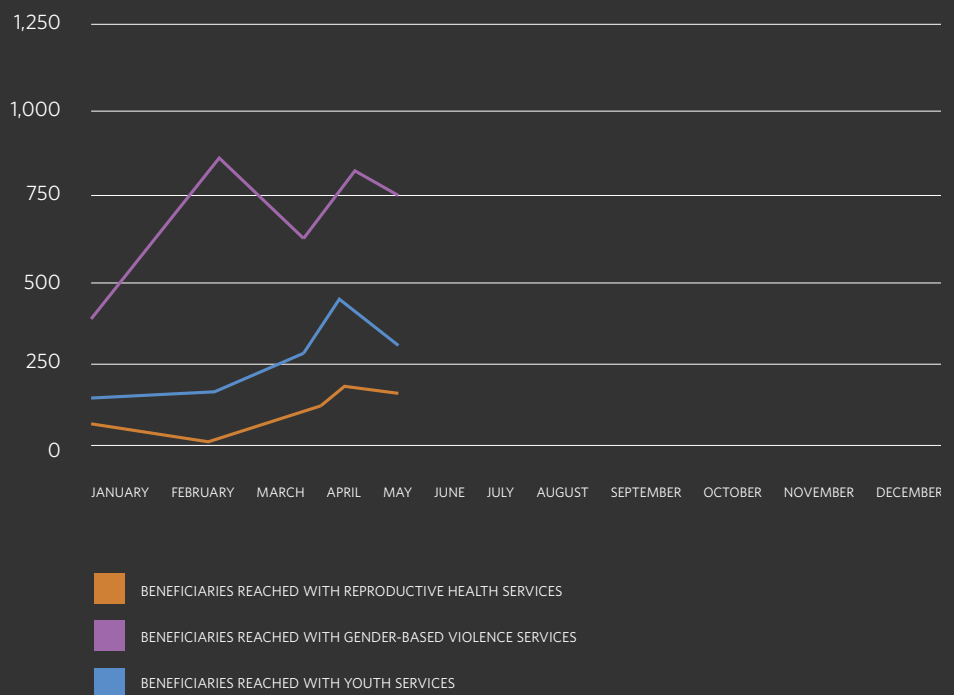
1,092

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.

LONG-TERM OVERVIEW OF SERVICE DELIVERY
(monthly, non-cumulative)



HIGHLIGHT

BROKEN HEARTS IN EXILE

AFTER SHE ATTEMPTED TO ESCAPE FROM A TOXIC AND ABUSIVE RELATIONSHIP, HAYA FOUND HERSELF TRAPPED IN AN IMPOSSIBLE NIGHTMARE THAT NEARLY DROVE HER TO SUICIDE.

Mona is a 28 year-old Syrian refugee who arrived to Egypt in 2013 right after the onset of the Syria war. A year ago, she began visiting a women and girls safe space supported by UNFPA, during which time she opened up about her experience since the eruption of the war.

“Back in Syria, I was married for four years, during which time I was subjected to frequent physical and emotional abuse,” explains Mona. “My first child was born with a congenital heart defect, which only worsened my situation. He required constant care and my husband simply did not rise up to the responsibility.”

The abuse that Mona’s husband inflicted upon stemmed from his violent narcissism, which also rendered him an ineffectual caretaker. He neglected his children’s needs, particularly those of his ailing son, blaming Mona for his congenital condition.

“While I was still in Syria, my boy eventually died due to his condition,” explains Mona. “When he died, it was as if I lost a piece of my heart. Not only was it the most devastating experience of my life, but it also aggravated the already unbearable relationship I had with my husband, whose abuse became more frequent and intense.”

Mona decided that her only recourse was to leave her husband and flee to Egypt, where her parents had fled a few months earlier. Needless to say, it was not easy leaving everything behind; the torment of leaving the only home she’d ever known was almost too much to bear.

She also struggled with the decision to leave her husband, plagued by doubts and fears that made the move all the more difficult.

“On one hand, I felt relieved at the thought of freeing myself from his cruelty. But on the other, the prospects of surviving alone in a world spinning out of control terrified me,” explains Mona.

When she arrived in Egypt, Mona entered a state of abject depression and found herself failing to adapt to her new surroundings. She struggled to raise her young daughter alone, and even though her parents supported her financially and emotionally, she could not manage to carve a new life for her family.

She eventually learned about the safe space through the outreach efforts of Syrian social workers and took the first step by attending the recreational activities hosted in the space.

Slowly, she began confiding in the social workers at the space, opening up about the trauma of losing her child and the sense of isolation she felt since taking refuge in Egypt.

“Everything in my life changed overnight and I felt as though I was in exile,” she recalls. “But through one-on-one counseling sessions with the psychologist, I was able to finally open up and begin processing the trauma I had experienced.”

At the behest of the social workers, Mona also enrolled in psychodrama and dance therapy, both of which served as indirect outlets for her feelings and allowed her to rebuild her sense of self.

Back in Syria, Mona was an administrative assistant, so the case management team decided to hire her as a volunteer in the safe space in an effort to empower her. With time, she grew more involved in her daughter’s life, whose care she had entrusted to her parents during the peak of her depression.

“I can say that, today, I am a different person,” explains Mona. “I am able to have fun and think of tomorrow with optimism.”

“On one hand, I felt relieved at the thought of freeing myself from his cruelty. But on the other, the prospects of surviving alone in a world spinning out of control terrified me.”

Mona from Aleppo Governorate, Syria

Mona has been receiving services at a women and girls safe space operated by UNFPA Egypt.

COUNTRY REPORT

IRAQ

UNFPA IRAQ CONTINUES TO PROVIDE ESSENTIAL SERVICES TO REFUGEES IN BASIRMA, DRASHAKRAN, KWARGOSK, AND QWSHTAPA CAMPS.

Currently, around 250,000 Syrian refugees are seeking safety in camps and host communities in Iraq. UNFPA supports nine women community centres, sixteen health facilities, 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 and supports referral services.

Despite the availability of reproductive health (RH) services to all women, some communities continue to refuse all forms of reproductive health services. To address this, the RH unit staff conduct outreach visit to the pregnant women to provide information at the very least.

UNFPA in Iraq continues to coordinate with other gender-based violence (GBV) prevention and response service providers targeting refugees. Staff from the RH Units have been trained on the GBV Standard Operating Procedures for the Kurdistan Region, reporting an increased ability to identify GBV cases, provide information, and make referrals to service providers using a survivor centred approach.

Response activities are targeting refugees in the eight primary camps in Iraq: Basirma, Drashakran, Kwrgosk, and Qwshtapa in Erbil Governorate, Domiz 1, Domiz 2, Gawilan in Dohuk Governorate and Arbat in Suleymania Governorate 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

- Beneficiaries reached with reproductive health services
- Family planning consultations
- Normal/assisted vaginal deliveries
- C-Sections
- Ante-natal care consultations
- Post-natal care consultations
- Health facilities that provide Emergency Obstetric Care
- Primary healthcare facilities

SINCE JANUARY

- 11,302
- 3,730
- 418
- 646
- 1,995
- 970
- 16
- 8

GENDER-BASED VIOLENCE

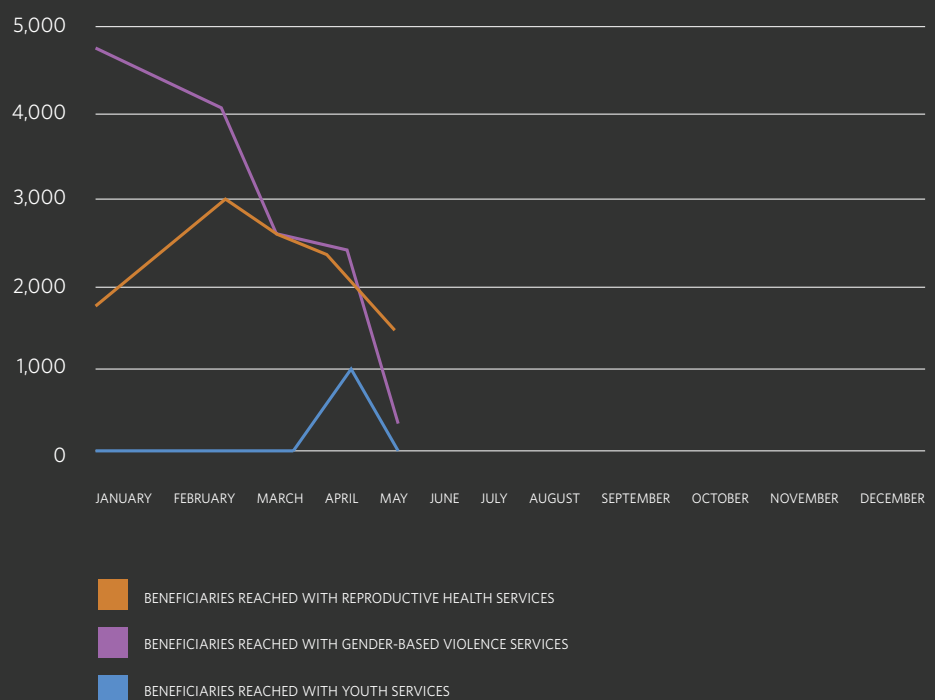
INDICATOR

- Functional women and girls safe spaces (WGSS)
- Beneficiaries reached with GBV programming / services
- Popuation reached with Dignity Kits
- Beneficiaries provided with GBV case management
- Beneficiaries reached with GBV awareness messages

SINCE JANUARY

- 9
- 19,009
- 94
- 685
- 11,606

LONG-TERM OVERVIEW OF SERVICE DELIVERY
(monthly, non-cumulative)



HIGHLIGHT

HEALING PAIN THROUGH LIFE-SAVING WORK

SHIRIN'S HARROWING JOURNEY SPANNED WAR, FAMILY VIOLENCE, EARLY MARRIAGE AND THE DEATH OF HER CHILD. TODAY, SHE CHANNELS HER PAIN BY SUPPORTING REFUGEE MOTHERS IN IRAQ.

Shirin was only five years old when her mother passed away and her father remarried. A resident of Qamishli in Syria, Shirin's stepmother had mistreated her throughout her life, subjecting her to physical and emotional abuse that made her living situation seem impossible.

As a result, she believed that marriage — as early as possible — was the only way to escape the prison in which she lived, even it meant accepting an arranged marriage at the age of 16.

"Can you imagine growing up without the love, the tenderness and the compassion of a mother? I never felt loved. My stepmother always mistreated me and favored my stepbrother and stepsister; she never gave me the attention I needed as a child," explains Shirin. "I was only 16 when my aunt approached me with a marriage proposal from a waiter who works close to our house. Accepting an arranged marriage seemed to be the wise choice at the time."

The young bride continued her education and obtained her diploma in nursing. A few years later, she found herself a mother of three children, struggling to survive on what little income her husband made as a waiter.

The added insult to her injury was that her husband suffered from a serious gambling problem that eventually swallowed most of his earnings, and Shirin eventually found herself the sole provider for her children.

"I was doing just fine, but life had a different plan for me. My youngest son was born with anemia and at the age of five he suffered from heart failure. Money became short and we could not provide him with the proper treatment and afford the surgery," says Shirin, tears rolling down her face. "Eventually, he died."

Life did go on, but Shirin was never truly able to recover from her loss. As she puts it, "I lost my son and a part of my happiness and will to live, yet, I had to be strong for my other children. They needed me."

In 2011, the conflict in Syria erupted. The family tried to stay in the country for as long as they could, but when the violence intensified in 2015 they found themselves seeking refuge in Domiz 2 camp in the Kurdistan Region of Iraq.

Domiz 2 camp is home to close to 8,700 Syrian refugees who fled the war seeking

a haven. In the camp, UNFPA operates one maternity unit, a reproductive health clinic, a youth centre and a women's social centre. Shirin's field expertise helped her land a job at the reproductive health clinic, supporting the RH and family planning services provided to the camp's residents.

"Ever since my son's death, I've been determined to do anything in my power to keep mothers and their children together," explains Shirin.

"The fact that I found a job at the clinic allows me to fulfil my calling and contribute towards ending maternity death and ensuring safe deliveries. This job has brought me a lot of pride and joy, and I feel my son would also be proud of me and the work I do," she added.

In refugee camps, UNFPA ensures that — in addition to normal and assisted deliveries — antenatal, postnatal, and emergency obstetric referral services are available. The clinics in place are fully staffed with a gynaecologist, a midwife and a nurse, while a delivery room has been established in the biggest refugee camp in the Kurdistan Region.

“Can you imagine growing up without the love, the tenderness and the compassion of a mother? I never felt loved. Accepting an arranged marriage seemed to be the wise choice at the time.

Ghalia from Aleppo Governorate, Syria

Ghalia has been receiving services at a women and girls safe space operated by UNFPA Iraq.

COUNTRY REPORT

JORDAN

UNFPA JORDAN CONTINUES TO PROVIDE MUCH NEEDED SERVICES TO SYRIAN REFUGEES NATIONWIDE.

REPRODUCTIVE HEALTH

INDICATOR

SINCE JANUARY

Beneficiaries reached with reproductive health services	59,443
Family planning consultations	10,108
Normal/assisted vaginal deliveries	719
Ante-natal care consultations	81
Post-natal care consultations provided	16,743
Health facilities that provide Emergency Obstetric Care	4,099
Primary healthcare facilities	15

GENDER-BASED VIOLENCE

INDICATOR

SINCE JANUARY

Functional women and girls safe spaces (WGSS)	20
Beneficiaries reached with GBV programming / services	17,094
Beneficiaries reached with Dignity Kits	9,817
Beneficiaries provided with GBV case management	2,286
Beneficiaries reached with GBV awareness messages	6,044

YOUTH SERVICES

INDICATOR

SINCE JANUARY

Functional youth centres	1
Beneficiaries reached with youth programming	3,484
People trained on youth-related topics	54

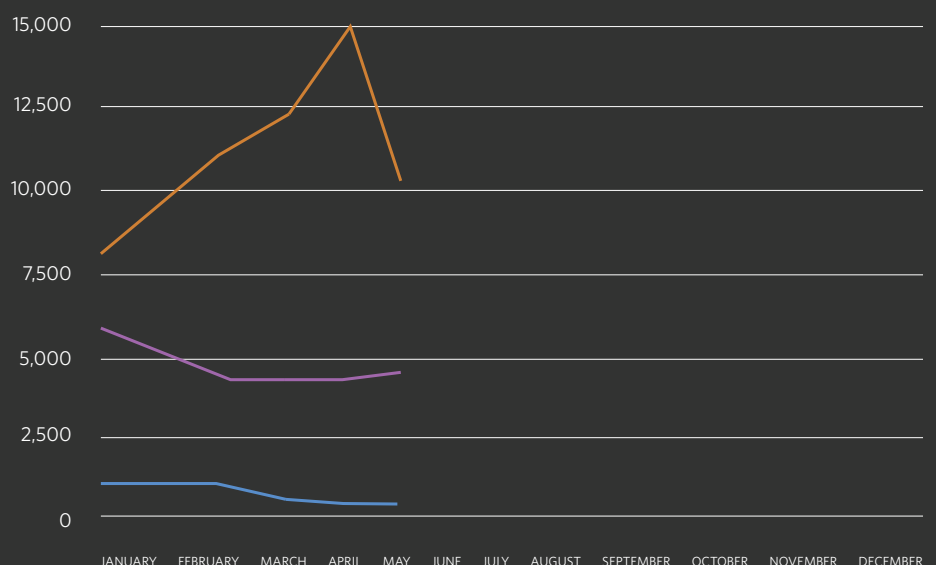
Jordan is currently hosting more than 1.3 million Syrians, including 655,000 registered refugees, who face increasing vulnerability as their savings, assets and resources are long exhausted. Providing for their needs and ensuring their access to basic reproductive health and gender-based violence services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

LONG-TERM OVERVIEW OF SERVICE DELIVERY (monthly, non-cumulative)



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

“

They used to take girls and rape them during the war. I was really scared. This is why I came to Jordan when I was 14 years old.

On the way from Syria, it was hard getting feminine products or to access a gynecologist. When we got our periods on the road, we would wear clothes on top to hide it. I started getting infections, and I'm actually still affected by that. We did not have access to these things until we got to Zaatari.

I feel really sad; I feel like I am no longer able to accomplish any of my dreams after leaving school to come here. I couldn't continue my education after arriving here because I had to buy my own books, and when I went to do that I found that they were simply too expensive. I would have loved to continue my education and go to university because I wanted to be a pilot.

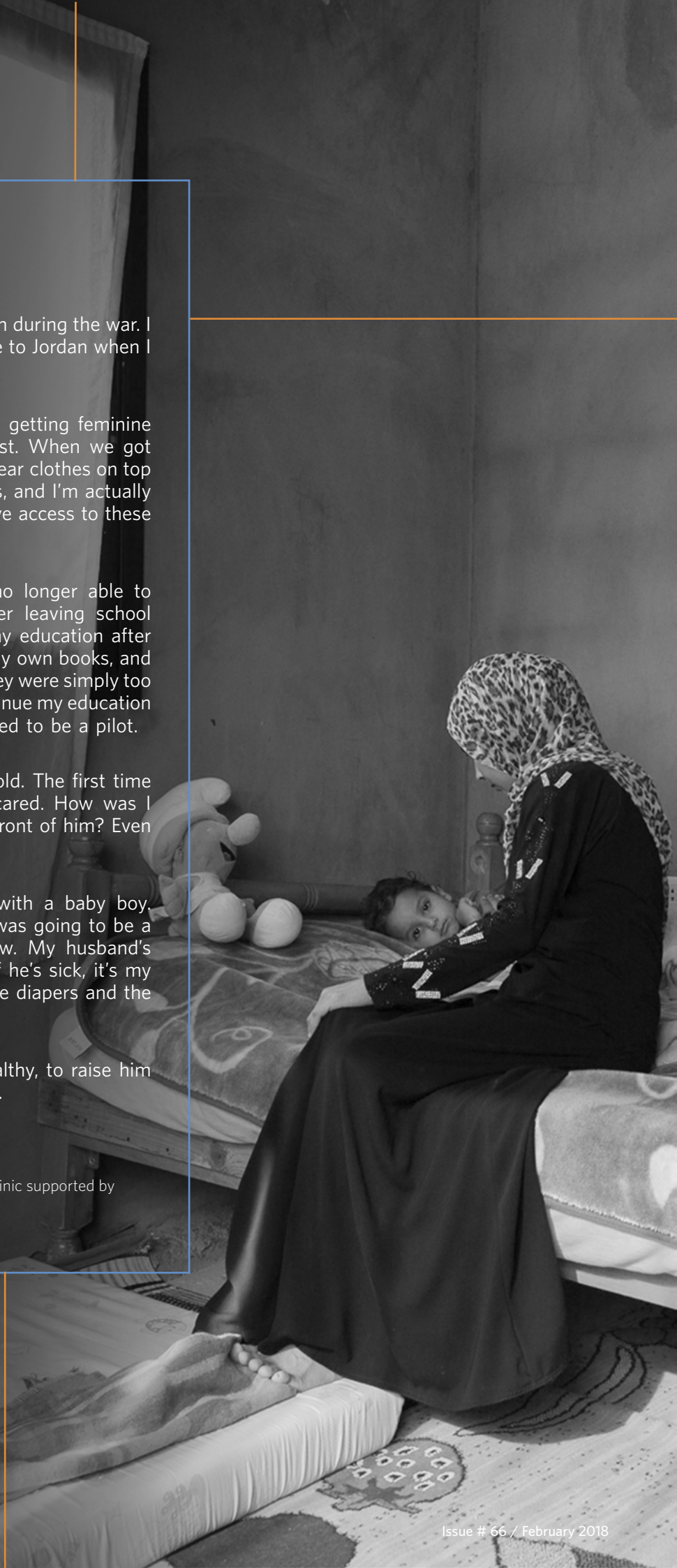
I got married when I was 17 years old. The first time I had sex with him, I was really scared. How was I supposed to take my clothes off in front of him? Even now, I'm still not able to do it.

Today, I'm nine months pregnant with a baby boy. At first, I didn't like the idea that I was going to be a mother as I simply don't know how. My husband's family wanted me to have a child. If he's sick, it's my responsibility. I'll also have to get the diapers and the milk.

My dream is for the baby to be healthy, to raise him well, and for him to become a pilot.

Asma from Southern Syria

Asma has been visiting a reproductive health clinic supported by UNFPA Jordan.



COUNTRY REPORT

LEBANON

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	SINCE JANUARY
Beneficiaries reached with reproductive health services	4,058
Family planning consultations	1,130
Normal/assisted vaginal deliveries	12
C-Sections	87
Ante-natal care consultations	1,119
Post-natal care consultations provided	327
Primary healthcare facilities	3
Mobile clinics	1

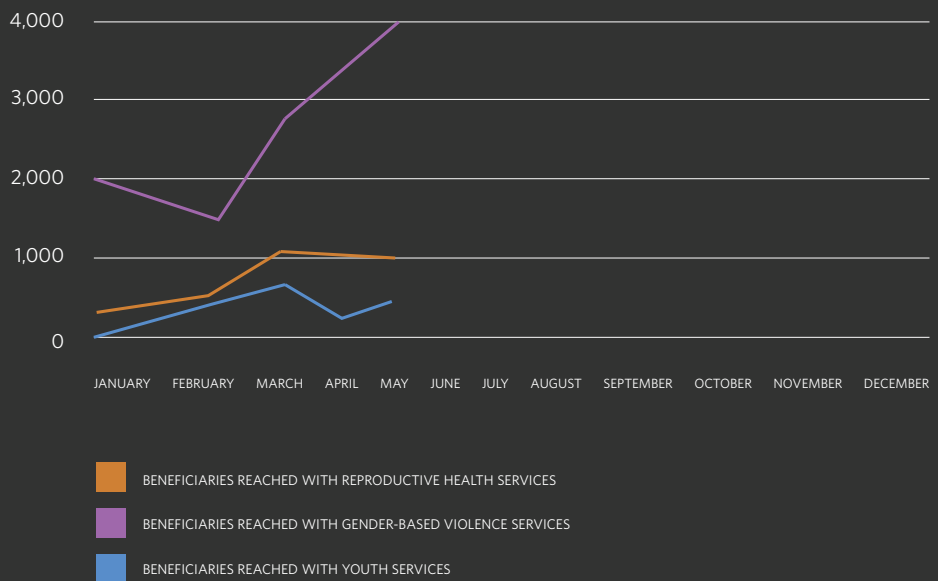
GENDER-BASED VIOLENCE

INDICATOR	SINCE JANUARY
Functional women and girls safe spaces (WGSS)	3
Beneficiaries reached with GBV programming / services	13,540
Beneficiaries provided with GBV case management	79
Beneficiaries reached with GBV awareness messages	11,936

YOUTH SERVICES

INDICATOR	SINCE JANUARY
Functional youth centres	1
Beneficiaries reached with youth programming	1,155

LONG-TERM OVERVIEW OF SERVICE DELIVERY
(monthly, non-cumulative)



COUNTRY REPORT TURKEY

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	SINCE JANUARY
Beneficiaries reached with reproductive health services	94,531
Family planning consultations	31,770
Ante-natal care consultations	9,663
Post-natal care consultations provided	4,047
Primary healthcare facilities	35
People trained on RH-related topics	407

GENDER-BASED VIOLENCE

INDICATOR	SINCE JANUARY
Functional women and girls safe spaces (WGSS)	35
Beneficiaries reached with GBV programming / services	134,749
Population reached with Dignity Kits	135,884
Beneficiaries provided with GBV case management	1,003
Beneficiaries reached with GBV awareness messages	36,464
People trained on GBV-related topics	85

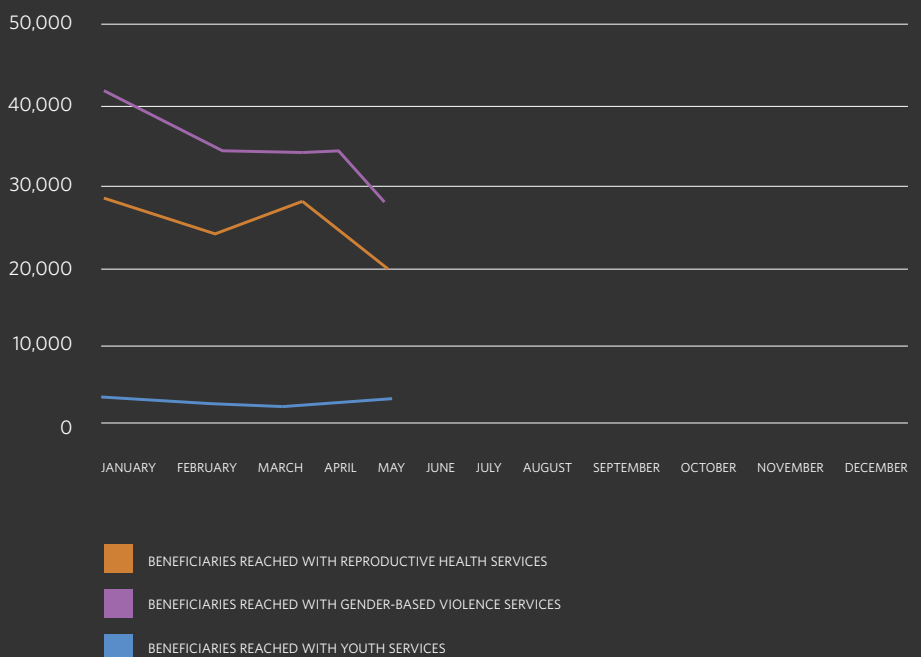
YOUTH SERVICES

INDICATOR	SINCE JANUARY
Functional youth centres	4
Beneficiaries reached with youth programming	9,943

OTHER

INDICATOR	SINCE JANUARY
Refugee service units	5

LONG-TERM OVERVIEW OF SERVICE DELIVERY (monthly, non-cumulative)



“

We received a call from healthcare workers informing us that Syrian refugee who recently gave birth sought to bring her two-month-old baby to the center to receive his vaccinations, only her husband was not allowing her to leave the house, and had refused to take on the responsibility himself.

The mother, Aysha, was clearly distraught, and was beseeching the help of our team as she feared for the wellbeing of her newborn child. She also informed us that she has two other children from a previous marriage who live with her and her husband, noting that they have been facing issues since the crisis in Syria began.

We decided to arrange a visit to Aysha's house in the presence of a psychologist, social worker, and healthcare provider. When we walked in through the door — which was nothing more than a ramshackle wooden block covered with blankets — we were struck by the coldness of the house. We found Aysha at home with her baby and her older son Mahmoud, whom we also interviewed to form a more comprehensive picture of the household and the challenges they were facing. His elder sister, Sabine, had left that morning for school.

What Mahmoud told us during the interview was quite distressing. He described a household crumbling under the weight of family violence at the hands of his stepfather, who frequently subjected his stepchildren to physical and emotional abuse. The acts of violence he described were horrific and had clearly taken a toll on the boy who was eager to share his story to anyone who would listen. After conferring with Aysha, it was clear that her wish was for us to intervene. We immediately got in touch with local authorities and returned to her house with officers, who escorted Aysha and the children to the nearest children's welfare center. Their statements were taken and the evidence for abuse presented to the forensic team.

Our key priority was to ensure their safety, so we escorted them to a guesthouse, where they spent three weeks. At that point, Aysha had decided to begin divorce proceedings, so we initiated the process, ensuring that she has all the legal support she required and basic financial aid to provide for her children.

Looking back, we see Aysha as a symbol for our vision for the future — a world where every human being finds the strength and support needed to live in dignity, and one in which every woman has access to health services that safeguard her health and that of her children.

Case Manager working with UNFPA Turkey

Since January, UNFPA Turkey has provided reproductive health and gender-based violence services to around 230,000 Syrians.

DOING NO HARM

REPORTING ON GENDER-BASED VIOLENCE IS AN ARDUOUS RESPONSIBILITY. WHEN DONE RIGHT, IT IS A POWERFUL TOOL FOR BRIDGING BARRIERS AND HELPING SURVIVORS GET THEIR VOICE HEARD. THE UNFPA REGIONAL SYRIA RESPONSE HUB BROUGHT TOGETHER JOURNALISTS FROM THE REGION TO HELP THEM AVOID THE COMMON PITFALLS.

Journalism is a critical lifeline for humanitarian work. When it comes to gender-based violence, highlighting the plight of survivors and raising awareness on this scourge is a key priority for UNFPA — one that relies on journalists effectively carrying their voices to the masses. This is a serious and onerous undertaking, one that carries inherent challenges that, if not traversed, could result in serious harm to GBV survivors.

The UNFPA Regional Syria Response Hub organized a training in May for 23 journalists from six countries in the region in order to help them navigate the difficulties of reporting on GBV. The training covered the basic principles of journalism, the core issues pertaining to GBV, and the ethical guidelines for reporting on this often misunderstood form of violence.

“ A survivor of gender-based violence is a person who is entitled to confidentiality and dignity. You may be a reporter, but you are also a human being. Communicating facts is a beautiful thing, but what is even more beautiful is ensuring that your reporting is doing no harm.

Amin Dabwan, Yemen

“ As reporters, we do not necessarily understand gender-based violence. After this training, I have come to conclude that few people actually understand it, usually those who are actively working in the field to prevent it. I am now more able to leverage on my power as a journalist to help combat this plague.

Bushra Neiroukh, Jordan

“ I've been to quite a few trainings in my life, but this one was by far the most eye-opening and engaging. I learned a lot about the potential consequences of reporting and how to carefully phrase my writing to ensure that I am not harming those I'm trying to help, particularly vulnerable women and girls.

Fatma Ramadan, Egypt

“ The subject of GBV has always sparked my interest as I have always felt it lacked sufficient coverage. I am tremendously happy that I decided to attend this training as I felt it enriched my knowledge of the core issues related to GBV and how I as a communicator can help the global effort to combat it without compromising the safety and dignity of survivors.

Lubna Sarah, Iraq



COORDINATION

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 EMERGENCOES.

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.

During the month of May, the Regional Syria Response Hub organized a donor round table within the context of No Lost Generation to highlight the needs and protection risks faced by adolescent girls. UNFPA advocated for a stronger attention to the different needs of adolescent girls, calling for better sex and age disaggregation in data and highlighting the need for services to be adolescent girl friendly.

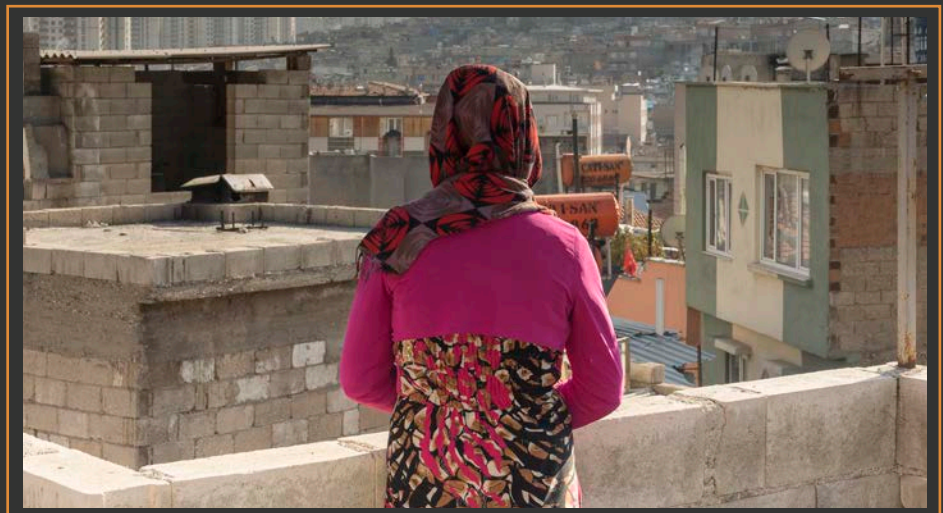
The WOS GBV AoR, with the support of the Regional Emergency GBV Advisor, analysed the draft Syria HRP and conducted a survey analysing how GBV risks were mitigated in the Syria response. As a result, the GBV AoR, along with the Shelter/Non-Food, Health, Education, Nutrition, Food Security, Livelihoods, and WASH sectors, produced short fact sheets outlining the key actions and commitments each sector is making to mitigate the risk of GBV.

GBV coordinators from the Whole of Syria (WoS) attended the WoS Protection workshop on May 13 and the workshop on "protection and continuity of service delivery in Syria," organized by OCHA on May 14. Both of these events took place in Beirut.

Meanwhile, the GBV Sub-Cluster (SC) for cross-border Turkey established and disseminated new systems to facilitate referral pathways by non-GBV actors. These include a GBV SC service number, an online referral request form and a referral Focal Point list. The list was shared with all Clusters and members were encouraged to disseminate broadly among their field teams. This was complimented by a Referral Workshop, organized by the SC on May 4th, where Cluster coordinators and other key stakeholders were invited to present the new systems. Furthermore, a two hours Training of Trainers (TOT) session with Gender Focal Points and members of the GBV SC Prevention/Risk Mitigation Taskforce was conducted to capacitate them on presenting the new GBV referral systems in their respective Clusters.

The GBV SC also organized a ToT for case workers based in Syria and their supervisors based in Turkey on GBV basics for non-GBV practitioners. The second part (Apr 30 - May 5) of the 11-day training organized in Gaziantep was attended by 20 participants from 15 organizations. The GBV SC and its Prevention/Risk Mitigation Taskforce also finalized the recruitment of an awareness raising consultant, who will support the development of tools for community based GBV awareness raising.

In Turkey, an SGBV Working Group meeting took place in Ankara on the with the participation of Ministry of Family and Social Policies, UNHCR, UNFPA, UNICEF and UNW. SOP on SGBV was reviewed and decided to be shared with the Ministry of Family and Social Policies for endorsement.



DONORS & PARTNERS

THE WORK WE DO 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 Lebanon: Ministry of Public Health, Ministry of Social Affairs, Lebanon Family Planning Association for Development & Family Empowerment (LFPAD), Amel Association, International Medical Corps, KAFA (“Enough Violence and Exploitation”), INTERSOS, Makkased Philanthropic Association of Beirut, Development Action without Borders-Naba’a, RET Liban, NABAD, Heartland Alliance, Relief & Development, Maarouf Saad Social and Cultural Foundation, Danish Refugee Council (DRC).

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 Affairs), Questscope.

Jordan Cross-Border: Relief International, Syrian American Medical Society (SAMS).

In Iraq: AL Massela, Harikar; 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), SPoD (Social Policies, Gender Identity, and Sexual Orientation Studies 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.

CONTACT INFORMATION

Jennifer Miquel

Head of Regional Syria Response Hub
miquel@unfpa.org

(962) 79 575 6755

RELEVANT RESOURCES

www.unfpa.org

www.ocha.org

www.unhcr.org

<http://syria.humanitarianresponse.info>

