

UNITED NATIONS POPULATION FUND

REGIONAL SITUATION REPORT

FOR THE SYRIA CRISIS

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

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

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For girls our age, life quickly became an open-air prison after the war. Suddenly, we were told not to leave our houses because we might get harassed, raped or kidnapped. I'm told that being married is my only path to true safety, but I don't want to get married. I'm simply not ready.

Mariam, an adolescent girl from Aleppo, Syria



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



THE SYRIA CRISIS IN 2019

OVERVIEW OF THE SITUATION

WHILE PARTS OF SYRIA STABILIZE, 11.7 MILLION PEOPLE REMAIN IN NEED, IN ADDITION TO 5.7 MILLION REFUGEES REGIONWIDE.

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

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

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

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

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

Of the 11.7 million in need of assistance, 5.9 are women and girls — undoubtedly the most vulnerable to GBV in any humanitarian crisis. Since the crisis, women and girls seldom feel safe due to the increased

risk of harassment, sexual exploitation, domestic and family violence, rape, and early and forced marriage. It has also been documented that rape has been used as a weapon of war in Syria.

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

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

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

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

Moreover, additional funding and investment is needed to address the needs of men and boys who have experienced sexual violence, coupled with additional engagement from other sectors such as health with a focus on mental health and psychosocial support, general protection, and legal services to ensure that their needs are met in a holistic way.

RESPONSE FROM ALL OPERATIONS

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

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

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

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

REPRODUCTIVE HEALTH

INDICATOR

	SINCE JANUARY
People reached with reproductive health services	579,066
Family planning consultations	223,158
Normal / assisted vaginal deliveries	24,080
C-Sections	32,164
Ante-natal care consultations	148,082
Post-natal care consultations	7,212
People trained on RH-related topics	736

GENDER-BASED VIOLENCE

INDICATOR

	SINCE JANUARY
People reached with GBV programming / services	367,092
People reached with Dignity Kits	22,933
People provided with GBV case management	4,947
People reached with GBV awareness messages	261,571
People trained on GBV-related topics	520

YOUTH SERVICES

INDICATOR

	SINCE JANUARY
Beneficiaries reached with youth programming	38,116
Beneficiaries trained on youth-related topics	218



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



SYRIA COUNTRY OFFICE

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

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

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

REPRODUCTIVE HEALTH

INDICATOR

People reached with reproductive health services	439,053
Family planning consultations	182,698
Normal / assisted vaginal deliveries	27,292
C-Sections	22,877
Ante-natal care consultations	108,737
Post-natal care consultations	15,410
People trained on RH-related topics	333

SINCE JANUARY

GENDER-BASED VIOLENCE

INDICATOR

People reached with GBV programming / services	235,935
People reached with Dignity Kits	15,819
People provided with GBV case management	3,303
People reached with GBV awareness messages	190,694
People trained on GBV-related topics	140

SINCE JANUARY

YOUTH SERVICES

INDICATOR

Beneficiaries reached with youth programming	15,671
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SINCE JANUARY



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





MARCH HIGHLIGHT

AL HOL CAMP: A CRISIS UNFOLDS

AL HOL CAMP CONTINUES TO STRETCH ITS CAPACITIES TO HOST FREQUENT INFLEXES OF INTERNALLY DISPLACED PEOPLE.

Vulnerable civilians were caught in the crossfire as hostilities intensified in north-eastern Syria in recent weeks. "I took out around 160 pieces of shrapnel from the bodies of women and children," Dr. Yasser Joha told UNFPA from Al-Hol Camp in Al Hassakeh Governorate.

Dr. Joha is a gynaecologist deployed from Damascus to provide reproductive health services in the camp, with support from UNFPA. But as the camp received a massive influx of people, many with serious injuries, he stepped in to provide emergency care.

"The number of injured women and children was overwhelmingly high. We were stunned. I have never seen before in my life what I saw in the camp," he said.

An escalation in hostilities in Hajin and Al-Baghrouz began in September of last year, triggering mass displacements. The crisis caused serious challenges for humanitarian responders, with the number of people leaving Al-Baghrouz highly exceeding the expectations of all partners.

More than 63,000 people arrived in Al-Hol Camp between December and the end of March. The vast majority are women and children, according to UN partners. Many walked for days before reaching the camp.

Al-Hol's current population now stands at over 73,000 people. The influx has slowed since the end of March, but there remain significant concerns, including a high burden on existing health services and limited capacity at secondary health care and trauma facilities. UNFPA reproductive health teams are reporting cases of sexual violence, psychological trauma, early pregnancy and a range of other concerns.

Last month, Aisha* arrived at the camp eight months pregnant with a gunshot wound through her mid-section. "Among the huge influx that arrived in the camp, there were hundreds of injured people, and one of those injured was Aisha," Dr. Joha recalled recently. "She was 28 years old, in her eighth month of pregnancy and injured from a gunshot wound extending from the right side of her waist to the left side."

Aisha had fled the hostilities in Al-Baghrouz. She lost two children during the violence, she explained. "I don't want to lose my unborn baby as well," she said.

Her condition looked grim – she had been wounded for three days by the time she reached Dr. Joha. "She said she was not feeling the foetal movement anymore," he said. Yet when he performed a sonogram, he was astonished by what he saw. "The baby was still alive! I started to cry when I saw the image," he recalled.

"I can't believe it!" Aisha told Dr. Joha. "It's a miracle."

Through the health referral system, Dr. Joha arranged for Aisha to be transferred to the hospital in Al-Hassakeh. She spent three weeks there, recovering from her gunshot wound and safely delivering a baby boy. Today, Aisha and her new son are healthy and living in the camp.

UNFPA has been working to urgently scale up sexual and reproductive health services, with support from donors including the European Commission, the Government of Australia, the United Kingdom's Department for International Development, and assistance from the Syria Humanitarian Fund.

UNFPA has recruited an emergency team with two surgeons, paramedics and nurses to support United Nations response teams, and deployed health professionals from Damascus to provide specialized sexual and reproductive health care.

Additionally, UNFPA has provided three mobile health teams and one maternity clinic. UNFPA will also be supporting the operational costs of the hospitainer which is a 20-bed field hospital procured by the Monastery of Saint James the Mutilated (MSJM). The logistics are in place and due to be fully operational in the coming weeks. MSJM, with the support of UNFPA, will provide emergency obstetric and neonatal care services, treatment for malnutrition, minor surgeries and trauma care.

Humanitarian partners are also concerned about the safety of vulnerable women and girls. In response, UNFPA is supporting one women and girls' safe space in Al-Hol. There, women can receive health services as well as information about – and protection from – gender-based violence. Three mobile teams are also providing 24-hour support to survivors of violence.

CROSS-BORDER TURKEY

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

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

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

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

REPRODUCTIVE HEALTH

INDICATOR

People reached with reproductive health services	57,735
Family planning consultations	19,037
Normal / assisted vaginal deliveries	3,608
C-Sections	1,029
Ante-natal care consultations	22,132
Post-natal care consultations	2,777
Health facilities that provide Emergency Obstetric Care (EmOC)	21
Functional mobile clinics	8

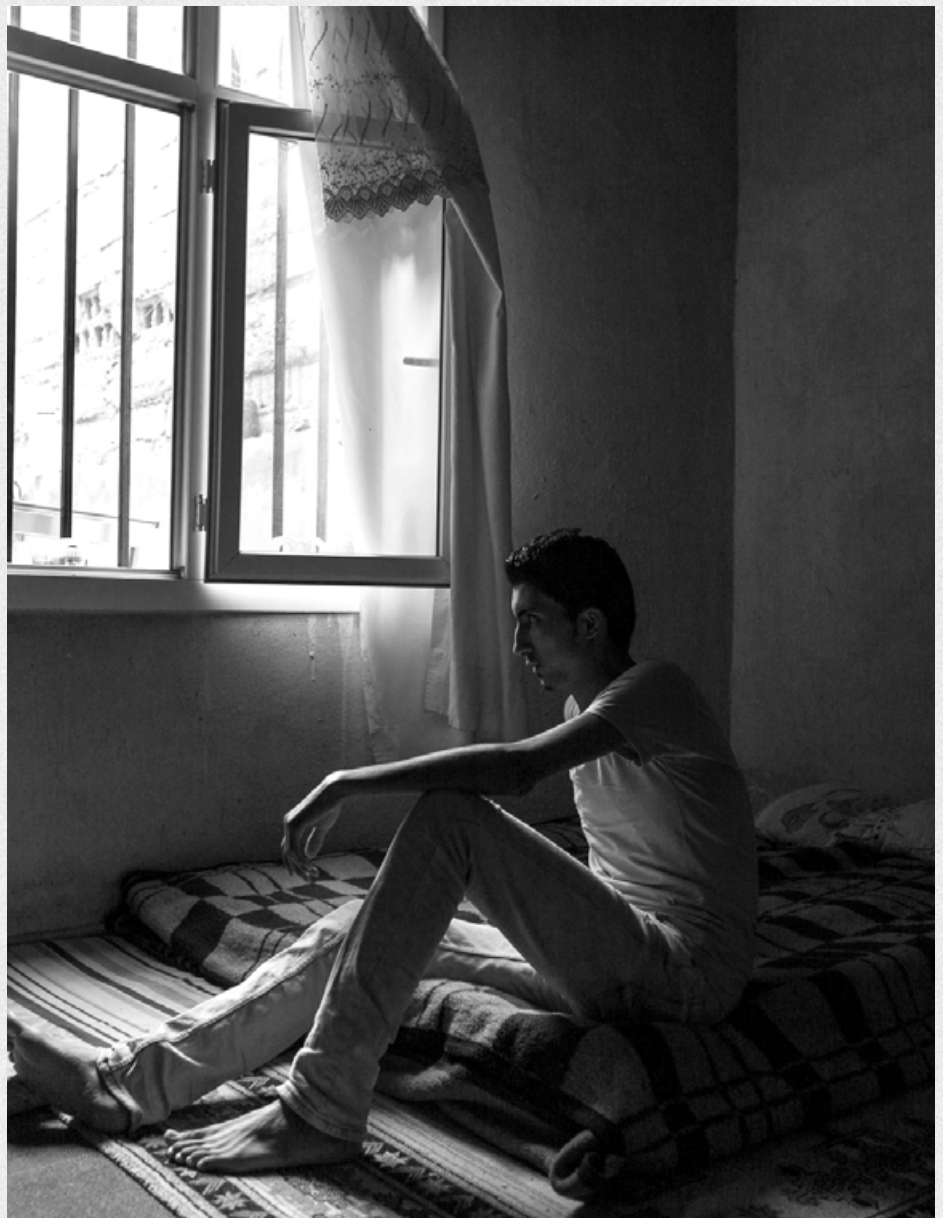
SINCE JANUARY

GENDER-BASED VIOLENCE

INDICATOR

Number of women and girls' safe spaces (WGSS)	14
People reached with GBV programming / services	32,802
People reached with Dignity Kits	1,100
People provided with GBV case management	344
People reached with GBV awareness messages	22,874
People trained on GBV-related topics	157

SINCE JANUARY



COUNTRY OVERVIEW

EGYPT COUNTRY OFFICE

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

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

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

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

REPRODUCTIVE HEALTH

INDICATOR

SINCE JANUARY

People reached with reproductive health services	708
Family planning consultations	183

GENDER-BASED VIOLENCE

INDICATOR

SINCE JANUARY

Number of women and girls' safe spaces (WGSS)	11
People reached with GBV programming / services	1,773
People provided with GBV case management	409
People reached with GBV awareness messages	981

YOUTH SERVICES

INDICATOR

SINCE JANUARY

People reached with youth programming	140
People trained on youth-related topics	23





MARCH HIGHLIGHT

THE PRIVILEGE OF A FULL CHILDHOOD

DESPITE HIS YOUNG AGE, SOHAIB HAS SEEN THE DARKER SIDE OF HUMANITY AND THE COST OF RADICALISATION.

Like any 17-year-old boy, Sohaib grew up with an extraordinary sense of possibility. A voracious reader with an insatiable appetite for knowledge, his dreams were shattered following the eruption of the crisis in Syria.

"In the beginning, it seemed like a strange dream, one in which I did not wish to be involved," explains Sohaib. "I steered clear of the protests and did everything I could to continue living my life in the hopes that the escalating tensions in the country would dissipate."

Unfortunately for Sohaib, the crisis only became more complex and protracted, and he eventually found himself being recruited to fight for the resistance at the age of 15.

As he recalls, "at first it felt like I was joining a grander cause and helping to secure the future of our country. Then I saw the black flags rising and knew that this war was beyond our understanding. The cities I grew up loving quickly transformed in ways that both terrified and disgusted me, so again I picked up a gun and fought alongside the regime."

Children recruited into armed conflicts often find themselves trapped in an unending cycle of depression, post-traumatic stress and other psychological ailments. For Sohaib, his situation was further exacerbated by the daily physical and emotional abuse he suffered at the hands of his father. He had escaped his home several times, only to return days later as he was the sole caretaker of his mother.

"I might be young, but my life has felt like an endless series of struggles so far," adds Sohaib. "I eventually asked my family to help me escape the torment I endured on a daily basis."

Some months ago, Sohaib made his way to Sudan and then took refuge in Egypt, where his sister had settled three years earlier. It was there that his sister told him about a youth center supported by UNFPA, where she herself had received psychosocial support that helped her overcome her own traumas. After some coaxing, she convinced him to pay the center a visit.

At the center, the case manager he spoke to immediately noticed that he grappled with low self-esteem and had learned to retreat inwards. He struggled to remain in the company of others for extended periods of time and had trouble verbalizing his emotions, which prevented him from forming meaningful social relationships and overcoming past experiences.

The case manager encouraged him to participate in community theater workshops to find a constructive outlet for his feelings.

"At first, I found it very difficult to participate in such a dynamic and team-driven activity," explains Sohaib. "Soon enough, I began to see that everyone in that group was struggling with their own issues and experiences, but they have managed to create a safe and supportive environment where I immediately felt at ease. With their support, I was able to slowly rise up from my depression and create a healthy routine."

For Sohaib, the road to healing will be long, but today he sees himself in a whole new light. He has regained the sense of possibility he had lost in Syria, and is currently working with his case manager on a plan to resume his education and build a new life for himself.

IRAQ COUNTRY OFFICE

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

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

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

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

REPRODUCTIVE HEALTH

INDICATOR

People reached with reproductive health services	13,208
Family planning consultations	4,062
Normal / assisted vaginal deliveries	521
C-Sections	132
Ante-natal care consultations	2,330
Post-natal care consultations	356
Health facilities that provide Emergency Obstetric Care (EmOC)	17

SINCE JANUARY

GENDER-BASED VIOLENCE

INDICATOR

Number of women and girls' safe spaces (WGSS)	11
People reached with GBV programming / services	7,726
People reached with dignity kits	5
People provided with GBV case management	71
People reached with GBV awareness messages	6,783
People trained on GBV-related topics	34

SINCE JANUARY

YOUTH SERVICES

INDICATOR

People reached with youth programming	17,526
Number of functional youth centres	2

SINCE JANUARY





MARCH HIGHLIGHT

OF CHILDREN BORN IN CONFLICT

AFTER THE HARROWING BIRTH OF HER SECOND CHILD IN DOMIZ 2 CAMP, NERMIN RECALLS THE PHYSICAL AND EMOTIONAL TRAUMA OF DISPLACEMENT.

Nermin was only 21 years old when she was uprooted from her Syrian hometown of Qamishli in 2012. With her parents and siblings, she walked away from the life she had made for herself, running from a devastating war that engulfed the country, and travelled for hundreds of kilometres looking for refuge in Duhok, a city within the Kurdistan Region of Iraq.

"I never thought I would have to start over. I was studying Arabic literature at university and was planning to become a teacher. I had it all figured out, except that God had different plans for me," she said. "The war forced me to choose between my dream and my life. Even if it meant spending my uncertain future in a tent, the choice was evident and heart-breaking."

"I had a difficult time adjusting to my new life. I would barely sleep during the night, and I would force myself to stay awake because the moment I close my eyes, I would see the faces of all those who were killed in front of me. It was haunting. I felt it was the end of the world for me and that I was never going to have a normal life again," she explained.

Nermin lived with her family for one year before her fate changed: "I was sad for a long time. I couldn't comprehend that I was never going to see my friends, colleagues and loved ones. Against all the odds, one day, as I was reading a book outside our tent, I met a man, and I fell in love that same moment," she explained.

"A few months later we got married and settled in Domiz 2 Camp in Duhok. We now have two beautiful children: Salim, who is three years and a half, and Samer, almost two years," she added. "I am also

currently pregnant," she continued, cradling her belly with affection. The soon-to-be mother of three lives in a tent in Domiz 2 camp, home to close to 8,700 Syrian refugees. In the camp, UNFPA operates one maternity unit, a reproductive health clinic, a youth centre and a women's social centre. She gave birth to her second child, Samer, at the UNFPA-supported maternity ward.

I get very emotional recalling that day," explains Nermin. "The medical team at the hospital saved my child. Samer's umbilical cord was wrapped around his neck. The doctor kept reassuring me that it wasn't dangerous, but all I could think of was that I was losing my child. At that moment, I felt the world just stopped and the few minutes that passed felt like an eternity. I couldn't feel my heart beating anymore and broke into heaving sobs while the medical team was asking me to breathe. I only felt alive again when I held Samer in my hand. He was so small and beautiful."

"After my delivery, I sat with the gynaecologist who explained to me the importance of regular visits to the health clinic during pregnancy. Now that I am pregnant with my third child, who I hope is a girl, I conduct regular visits to the reproductive health clinic to anticipate any possible problems to improve the chances of having a healthy baby and safe delivery."

"This, however, will be my last child, for now," she added. "After I give birth, my husband and I agreed to visit the clinic and receive family planning sessions. Life is complicated in the camp, in the tent, and this is not the environment where I wish to raise my children."



THE MISSION OF UNFPA

THE UNITED NATIONS SEXUAL AND REPRODUCTIVE HEALTH AGENCY

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

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

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

JORDAN COUNTRY OFFICE

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

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

Number of primary health facilities	17
People reached with reproductive health services	28,373
Family planning consultations	6,655
Normal / assisted vaginal deliveries	645
Ante-natal care consultations	10,602
Post-natal care consultations	1,547
Health facilities that provide Emergency Obstetric Care (EmOC)	2

SINCE JANUARY

GENDER-BASED VIOLENCE

INDICATOR

Number of women and girls' safe spaces (WGSS)	17
People reached with GBV programming / services	9,713
People provided with GBV case management	569
People reached with GBV awareness messages	3,595

SINCE JANUARY

YOUTH SERVICES

INDICATOR

Number of functional youth centres	1
People reached with youth programming	2,289
People trained on youth-related topics	175

SINCE JANUARY



MARCH HIGHLIGHT

THE DESIRE FOR POSITIVE CHANGE

A SURVIVOR OF CHILD MARRIAGE, KHAWLA WANTED NOTHING MORE THAN TO SPARE OTHER GIRLS THE SUFFERING SHE ENDURED DURING HER ADOLESCENCE.

"The journey to finding hope is a very long and scary one, with many difficulties and challenges on both personal and practical levels," said Khawla, a 33-year-old mother of four who has carried significant pain since her customary marriage at the age of 16. "The most important part is knowing how to stand tall and fight the status quo with all your power, until you come out with a success story."

In an attempt to counteract the sense of failure that haunted her, and to save the lives of other young girls who may find themselves in similar circumstances, Khawla applied for and was selected as one of the Child Protection Ambassadors by CARE International in Jordan. She received a three-month training on topics such as gender-based violence, early marriage and child protection.

Khawla yearned to end the practice of child marriage and make people aware of its endless disadvantages, such as forgone opportunities on behalf of the girl, the high percentage of failure to age and cultural differences, and the potentially lethal ramifications of early pregnancy.

Khawla has transferred her early marriage experience from the training to other families in the hope of effecting positive change. When we asked her about her motivation for participating in this program, she said: "After the war in Syria, early marriage became ordinary in society as families struggled to survive, and this frustrates me and pushes me to educate people about its devastating consequences."

Khawla thought the training was of a high quality. In particular, the training improved her negotiation and persuasion skills, helped her develop more patience, and taught her how to better deal with her own daughter. She also learned how to build trust between her and the families she reached out to, because, in her own words, "trust is what lets people open up to you and accept what you say."

One of the stories that affected Khawla the most was the story of a 14-year-old girl who was especially intelligent with a strong disposition. The girl wanted to get married just because her friends got married.

After several meetings with the girl, and after a considerable amount of effort and time that went into articulating the best arguments to dissuade her, Khawla was able to change the girl's mind and instead, encouraged her to dream big and aim for success in her education and career. Khawla gave her real life examples on the challenges of motherhood, especially when motherhood comes too early on in a girl's life.

"This project has heightened my sense of responsibility towards the society I live in, and has provided me with a platform to actually make a difference," says Khawla, who dreams of establishing a sustainable project aimed at raising the awareness of mothers and adolescent girls in the hope of absolutely eliminating early marriage.



COUNTRY OVERVIEW

LEBANON COUNTRY OFFICE

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

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

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

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

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

REPRODUCTIVE HEALTH

INDICATOR

SINCE JANUARY

People reached with reproductive health services	2,677
Family planning consultations	487
Normal / assisted vaginal deliveries	98
C-Sections	42
Ante-natal care consultations	501
Post-natal care consultations	101
Functional mobile clinics	3

GENDER-BASED VIOLENCE

INDICATOR

SINCE JANUARY

Number of women and girls' safe spaces (WGSS)	9
People reached with GBV programming / services	7,004
People provided with GBV case management	2
People reached with GBV awareness messages	15,896



TURKEY COUNTRY OFFICE

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

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

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

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

UNFPA Turkey continues to provide essential 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

Number of primary health facilities	30
People reached with reproductive health services	37,312
Family planning consultations	10,036
Ante-natal care consultations	3,728
Post-natal care consultations	800
People trained on RH-related topics	388

SINCE JANUARY

GENDER-BASED VIOLENCE

INDICATOR

Number of women and girls' safe spaces (WGSS)	30
People reached with GBV programming / services	72,139
People reached with dignity kits	6,009
People provided with GBV case management	249
People reached with GBV awareness messages	20,748
People trained on GBV-related topics	130

SINCE JANUARY

YOUTH SERVICES

INDICATOR

Number of functional youth centres	4
People reached with youth programming	2,070

SINCE JANUARY

OTHER SERVICES

INDICATOR

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

SINCE JANUARY



JANUARY HIGHLIGHT

ESCAPING THE TRENCHES OF DOMESTIC ABUSE

MAYA, A SURVIVOR OF CHILD MARRIAGE AND FAMILY VIOLENCE, RECALLS HER LONG, GRUELING JOURNEY TO FREEDOM AFTER BEING FORCED TO MARRY AT THE AGE OF FOURTEEN.

I was born in Raqqa in 1993. I attended school until 9th grade, but my father took me out of school when I was 14, and I was forced to marry a man who was 12 years my senior. I felt as though my life had ended, but little did I know that my nightmare was just beginning.

My husband had strange tendencies. I could never understand his behavior. He was extremely violent towards me, even sexually, which at the time I was too young and inexperienced to realize. Three days into our marriage, he came to me and demanded that I give him all my jewelry. As a 14-year-old girl from a poor family, I had never owned jewelry — not the valuable kind, anyway — an idea that he did not seem to grasp. It was then that I received my first beating. I sought refuge at the feet of mother-in-law, hoping she would have the compassion to make him stop, but she encouraged him to hit me again. By the time he was done, I was wiping blood from my face and looking at them both in amazement. How can people be so cruel?

Two weeks into my marriage, the violence only became worse. My husband, suspecting that I was nearing the end of my tether, locked me in a room, only letting me out when it was absolutely necessary. I demanded to see my mother, which afforded me another beating, but by then my family had begun asking to see me, and so I was allowed to visit them. On my way out, he promised to kill me if I told any “lies” about him.

When I saw my family, I broke down in tears. I told them what had been happening to me, but they did not believe me; they thought it was the imagination of a newly-wed girl. Still, my sister — who suspected I was telling the truth — decided to accompany me as I was forced to return to my husband’s house, and she saw firsthand the uncontrollable monster with whom I shared my bed. A brief argument ensued, and both my sister and I ended up being locked in the room. We screamed, we cried, and then we threatened to go to the police, at which point he let her go. As soon as she left, he unleashed his fury at me, leaving me bloodied and half-conscious.

My husband had a plan. He would accuse me of stealing his money and having an affair with another man, and — much to my surprise — everyone believed him, including my own family. Upon hearing his tale, my father and brothers were more than happy to do his work for him, beating me until I felt my bones breaking. My mother stopped them eventually, taking me to another room and attempting to calm me down. She left me to rest and sleep.

As soon as she left, I walked to the bathroom, opened the medicine cabinet, took out a pack of painkillers and swallowed every pill inside. I was in dire pain and wanted it to stop.

I came to in what seemed like a clinic, with a doctor looking down on me with kind, sorrowful eyes. He told me that I had attempted suicide and that several bones in my body were broken.

The word “suicide” struck me as odd; I was not trying to kill myself. I just wanted the pain to go away. Nonetheless, he decided to refer me to a psychiatrist. Ironically, my so-called suicide attempt was somehow considered an affront to my family and their honor, and I was treated like a criminal. But there was one silver lining in this entire ordeal: my accidental suicide freed me from my abusive husband.

Alas, my freedom was short-lived, as shortly after that the war in Syria broke out, and it felt as though the world itself was breaking apart.

My family and I first took refuge in Iraq before eventually moving to Turkey, where many had sought refuge in the hope of leading a better life. In Turkey, the family placed me under house arrest and forbade me from speaking to anyone. I was treated like a curse that had been forced upon them, and my father spared no effort to try and sell me to other potential suitors. He was determined to get rid of me at all costs.

One day, I learned from one of my relatives about a women’s health center nearby, where she had been receiving emotional support for some time. I had confided in her about my current mental state and my desire to speak to a psychiatrist to help me find a way out before it was too late. Her experience with the center was incredibly successful, and after considering my options I decided to go.

At the center, I found the outlet I had been searching for. I was immediately enrolled in extensive counseling to process the years of unending abuse I had endured, and my therapist encouraged me to join the many empowerment activities on offer. I finally felt as though I had a social circle of my own, filled with people who had survived similar experiences. I gradually began letting go of the past. I learned to stand by myself, to guide myself and trust myself. I began to see a life where I am free of the many ghosts that haunt me every day.

No woman should accept violence. It is not a destiny, but a stop along the way to real freedom.

COORDINATION UPDATES

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

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

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

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

In March, a series of events took place throughout Syria under the slogan of "Balance for Better," during which sector partners and UN agencies conducted activities to celebrate International Women's Day. While some celebrated on the same day, others extended their activities for one week and others for the whole month of March. Activities and events varied from awareness raising sessions, interactive theater performances, life theater performances, open days and others activities targeting women, men and adolescents.

In Homs, a joint protection meeting for took place to tackle a number of key issues that related to the GBV and RH responses throughout the Hama governorate, including updates to the service map, an introduction to the core issue of the prevention of sexual exploitation and abuse (PSEA), and discussing preparations for International Mine Awareness Day.

In Turkey, a National Protection Working Group (NPWG) meeting took place in Ankara also focusing on PSEA. The aim was to review current challenges, gaps and essential steps moving forward. UNFPA provided a presentation of its PSEA overview, while GBV experts provided a Gender/GBV training to staff employed at Social Service Centers in Istanbul and Antalya. Meanwhile, the Southeast Turkey SGBV Sub-working Group meeting was held in Gaziantep on March 13, 2019, co-chaired by UNFPA. The meeting saw the revision of the South East Turkey Terms of Reference (ToR) and the completion of the 2019 work plan.

In Cross-Border Turkey, the GBV Subsector finalized and endorsed its annual work-plan and initiated the process of developing its annual strategy. The subsector also finalized a new guidance note on "Mitigating Protection Risks in IDP Sites Exclusive to Widowed and Divorced Women and Girls," which includes a brief explanation of the main GBV and protection risks, as well as the human rights abuses to which women, especially widows and divorcees, are exposed in these camps.



DONORS AND PARTNERS

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

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, KAFA (“Enough Violence and Exploitation”), INTERSOS, Makkased Philanthropic Association of Beirut, Development Action without Borders-Naba’a, RET Liban, Lebanese Order of Midwives, Lebanese Society of Obstetrics and Gynecology.

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

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

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

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

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

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RELEVANT RESOURCES

www.unfpa.org

www.ocha.org

www.unhcr.org

<http://syria.humanitarianresponse.info>

