

UNITED NATIONS POPULATION FUND

REGIONAL SITUATION REPORT

FOR THE SYRIA CRISIS

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

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

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After the war came, we thought we would have to worry about fighter planes and bullets, but instead we found ourselves worrying about harassment, kidnapping, and rape. We don't leave our houses anymore. Some girls cannot even go to school because their families won't let them.

Dalia, an adolescent girl from Idlib, Syria

THE MISSION OF UNFPA

THE UNITED NATIONS SEXUAL AND REPRODUCTIVE HEALTH AGENCY

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

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

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



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

THE SYRIA CRISIS IN 2019

OVERVIEW OF THE SITUATION

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

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

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

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

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

Access to healthcare continues to be an essential need for newly-displaced individuals and for host communities, including pregnant women and adolescent girls. Multiple displacements and lack of access to basic services further exacerbate the needs of individuals and communities, in addition to significantly increasing the risks of gender-based violence (GBV). Additional displacements further strain already-stretched coping mechanisms of individuals and families,

leading to desperate measures that further increase the likelihood of protection threats, such as sexual exploitation, forced and early marriage, amongst others.

In response to these dire needs, UNFPA continues to provide services to people in need of sexual and reproductive health (SRH) and GBV integrated services, with a focus on the needs of women and adolescent girls. A variety of SRH services are being delivered, including antenatal care, family planning, normal delivery services, postnatal care, referrals, treatment of reproductive tract/urinary tract infection, treatment of trauma, and others. UNFPA also addresses the needs of women and adolescent girls by providing GBV response services such as case management, psycho-social support, clinical management of rape, and referrals.

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

UNFPA aims to provide integrated sexual and reproductive health (SRH) and gender-based violence (GBV) services, including family planning supplies, personal hygiene items, counselling, gynaecological consultations, ultrasound diagnostics, ante-natal care, post-natal care, psychological first aid, psychosocial counselling, referral for safe deliveries, comprehensive emergency obstetric and neonatal care, legal assistance, and case management.

RESPONSE FROM ALL OPERATIONS

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

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

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

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

REPRODUCTIVE HEALTH

INDICATOR

People reached with sexual/reproductive health services	1,673,397
Family planning consultations	701,475
Normal / assisted vaginal deliveries	62,088
C-Sections	42,956
Ante-natal care consultations	680,947
Post-natal care consultations	13,622
People trained on SRH-related topics	3,134

SINCE JANUARY

GENDER-BASED VIOLENCE

INDICATOR

People reached with GBV programming / services	880,596
People reached with Dignity Kits	147,095
People provided with GBV case management	16,269
People reached with GBV awareness messages	809,978
People trained on GBV-related topics	2,695

SINCE JANUARY

YOUTH SERVICES

INDICATOR

Beneficiaries reached with youth programming	118,203
Beneficiaries trained on youth-related topics	365

SINCE JANUARY



* Above figures reflect fully-supported service-delivery points. Inside Syria additional 954 primary healthcare facilities are being partially supported through the Ministry of Health.





HIGHLIGHT

TO DO NO HARM

AHEAD OF THE NAIROBI SUMMIT, UNFPA REFLECTS ON THE LAST 25 YEARS OF REPORTING ON GBV IN THE MEDIA.

"When I speak to journalists, many times it feels as though they don't understand what we go through as women in this camp," says Amal, a Syrian refugee from Qamishli. "It is a daily struggle and we are powerless amidst the traditions, rules and laws — or the lack thereof — that make it much easier for men to take advantage of us. We pour our hearts out, but we rarely see our issues being discussed."

"UNFPA firmly believes in the role that the media has to play in combating and eliminating GBV."

For women and girls like Amal, many of whom grapple with various forms of gender-based violence on a daily basis, journalism constitutes one of the few available lifelines for their stories to be heard. This function becomes even more critical during humanitarian crises, such as the one that has been taking place in Syria for close to a decade. Unfortunately, journalists can inadvertently become part of the problem when they fail to adhere to the basic principles of ethical reporting, particularly when they prioritize the pursuit of sensational stories.

"UNFPA firmly believes in the role that the media has to play in combating and eliminating GBV," affirms Dr. Luay Shabaneh, UNFPA Regional Director, Arab States. Since 2014, the UNFPA Regional Syria Response Hub has been directly engaging with the media to build capacities of journalists reporting on GBV through the development of standards, tools, trainings and consultations. As of 2019, around 400 journalists have been supported through these various efforts.

The most recent consultation, organized by UNFPA in collaboration with the Center for Women's Global Leadership (CWGL) — the organization that originally launched the 16 Days of Activism Campaign — brought together 45 journalists, communicators and foreign correspondents ahead of the Nairobi Summit, ICPD@25. They were asked one pressing question: *How has reporting on women and girls evolved over the past 25 years?*

"What clearly emerged from these consultations is that GBV reporting over the past 25 years has definitely increased in quantity, with more organisations working toward improving overall reporting standards and calling for more gender-sensitive journalism," explains Dr. Shabaneh. "Still, more effort is needed to ensure that survivors are not harmed by inaccuracies, biases or unnecessary details that can reveal their identities."

According to CWGL Executive Director Krishanti Dharmaraj, the role of the media is key to shifting the discourse on GBV globally. "Countless participating organizations, institutions and grassroots activists have focused on the structural, legal and attitudinal changes crucial to ending GBV around the world. Many have identified the role of the media as being critical to shifting attitudes on violence against women."

"The UNFPA Regional Syria Response Hub has been directly engaging with the media to build capacities of journalists reporting on GBV through the development of standards, tools, trainings and consultations."

The key takeaway from the 2019 consultation is that a more concerted effort region-wide is needed to highlight the importance of survivor-centered GBV reporting, one that tackles the subject as a deeply-entrenched social phenomenon and consistently attempts to frame the issue from a holistic perspective to promote transformative change.

The UNFPA Regional Syria Response Hub will continue to invest in the programme to broaden its reach and ensure that journalists, editors and humanitarians reach a shared vision on how to leverage the power of reporting to eradicate gender-based violence.

SYRIA COUNTRY OFFICE

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

REPRODUCTIVE HEALTH

INDICATOR

People reached with sexual/reproductive health services	1,283,311
Family planning consultations	608,600
Normal / assisted vaginal deliveries	46,913
C-Sections	38,270
Ante-natal care consultations	550,149
Post-natal care consultations	66,283
People trained on SRH-related topics	1,157

SINCE JANUARY

GENDER-BASED VIOLENCE

INDICATOR

People reached with GBV programming / services	498,278
People reached with Dignity Kits	62,740
People provided with GBV case management	10,334
People reached with GBV awareness messages	574,136
People trained on GBV-related topics	821

SINCE JANUARY

YOUTH SERVICES

INDICATOR

Beneficiaries reached with youth programming	53,582
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SINCE JANUARY



* Above figures reflect fully-supported service-delivery points. Inside Syria, an additional 954 primary healthcare facilities are being partially supported through the Ministry of Health.

UNFPA Syria continues to provide emergency and long-term support to communities in need inside Syria. As part of the cooperation between UNFPA and the Ministry of Health, five mobile hospitals will start providing health services in the governorates of Hama, Homs, Daraa, Raqqa and Deir-ez-Zor, which will include four normal delivery hospitals and one C-section hospital.

UNFPA also continues to provide integrated SRH services, including ante-natal care, family planning, normal delivery services, post-natal care, referrals, treatment of reproductive tract/urinary tract infections, treatment of trauma, and others. UNFPA also delivers GBV services that span psychological first aid, referrals to public health institutions and GBV awareness raising. For the protection of health, hygiene and to preserve dignity, UNFPA also distributes female dignity kits, sanitary napkins, protection kits for adolescent girls, kits for pregnant/lactating women, and male dignity kits. UNFPA services are being provided in partnership with its implementing partners and in coordination with other UN agencies to meet the needs of IDPs and those affected by the crisis in Syria.



HIGHLIGHT

UNASSAILABLE STRENGTH

One look at Amal, 46, and you can tell she has endured more than her fair share of tumult. The red and blue bruises on her face offer a glimpse of the violence she has experienced, and yet she still manages to smile, her head held high and the strength refusing to leave her eyes.

"I do not know if I have any rights in this situation," says Amal, who is a mother of five. She had been admitted to Al-Halbouni Health clinic in Damascus for a medical consultation after she had been severely beaten by her husband. At the clinic, she is welcomed by Ruba, a psychosocial support provider assigned to her case. Ruba attempted to reassure her, telling her that she is not alone and that all of the staff members at the clinic are there listen and support her, both medically and psychologically.

Supported by UNFPA Syria, AL-Halbouni clinic is one of the Syrian Family Planning Association (SFPA) clinics, mandated to provide services such as medical examination, social services and vocational training for survivors of gender-based violence (GBV). Thanks to the integrated package of support services provided, Amal feels somewhat more motivated to deal with her emotional trauma. She begins to narrate her story, pausing occasionally to recollect her thoughts, but the catharsis she experiences quickly brings more comfort to her face and body language.

As the SFPA approach encourages the involvement of men in the hope of securing durable solutions to issues of GBV, Amal's husband was contacted by the mobile team of SFPA and offered a series of psychosocial consultation and services. Upon first contact, he appears contrite and explains that his actions were uncharacteristic, borne out of a series of traumas he had experienced as a result of the crisis taking place in Syria.

Following his first session, he was made aware of the protection rights available to women in the event of being dealt with violently at home, and counseled about the need for the couple to support each other and derive mutual strength from being together. Having seen the positive impact of openly discussing her struggles, is encouraged to continue attending sessions at the clinic, where she will find a wider social network and the support she needs to mitigate the stress factors impacting her daily life.

Amal's story is that of countless Syrian women and girls throughout the region, many of whom continue to grapple with the increasing risk of gender-based violence. As in her case, reproductive health service facilities continue to be entry points for GBV services, which in turn have become irreplaceable lifelines amid one of the most protracted crises in modern history.

CROSS-BORDER TURKEY

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

The humanitarian situation in northwest Syria continued to deteriorate in September due to escalation in hostilities. Hundreds of civilians have been killed or injured due to airstrikes and shelling since late April 2019, while more than 670,000 people including 50% women and 25% children are estimated to have fled their homes to escape from violence.

The majority of people are displaced to Northern Idlib which is already overcrowded. Lack of space brings about serious protection and safety concerns to women and children (1/3 of the IDPs are in camps and informal settings). The IDP situation is further alarming given the approaching winter season and consequent flooding

UN agencies are updating joint emergency response plans for northwest Syria by increasing the targeted population from 700,000 to 1.07 million. UNFPA and partners continued to respond to the evolving needs of people through outreach teams and mobile clinics, which provided essential services such as sexual and reproductive health, psychosocial first aid, safe spaces for women and youth, SRH and dignity kits distribution, referrals and other services as needed. UNFPA also continued to address the needs of women and adolescent girls by providing GBV response services such as case management, psychosocial support, and referrals.

REPRODUCTIVE HEALTH

INDICATOR

Primary health facilities	14
Health facilities that provide Emergency Obstetric Care (EmOC)	12
Functional mobile clinics	7
People reached with sexual/reproductive health services	173,074
Family planning consultations	42,473
Normal / assisted vaginal deliveries	11,973
C-Sections	3,798
Ante-natal care consultations	81,634
Post-natal care consultations	11,671
People trained on SRH-related topics	285

SINCE JANUARY

GENDER-BASED VIOLENCE

INDICATOR

Number of women and girls' safe spaces (WGSS)	14
People reached with GBV programming / services	107,106
People reached with Dignity Kits	39,691
People provided with GBV case management	913
People reached with GBV awareness messages	71,322
People trained on GBV-related topics	439

SINCE JANUARY



HIGHLIGHT

SOWING SEEDS OF HOPE

"As he spoke, I did not catch anything from his speech except that one phrase that shocked me to my core: 'I'm divorcing you.'"

Throughout her life, Hind was afraid of reliving the same experience as her mother, whose husband had abandoned her and her six children. She had spent her life wanting for her most basic needs and, as a result, had forced her daughters to marry as early as possible under the misguided notion that she was securing their futures. When Hind's turn came many years ago, she knew it was the first chapter in a seemingly unending saga of loneliness, violence and indignation.

"After years of going out of my way to make things work, despite the constant abuse and disregard, my fears finally came true: he chose to marry another woman, leaving me behind," explains Hind.

Shortly after walking into the women and girls' safe space in Idlib, Hind began sharing her story with Lana, the therapist who was to handle her case, in what was her first opportunity to openly discuss her situation. She was clearly distraught and had difficulty verbalizing her emotions, so Lana rushed to provide her with a cup of tea in an effort to calm her down. And so began the first in a series of much-needed counseling sessions.

They started by unpacking the many points of strength that Hind clearly has; she is an intelligent, self-driven woman who has successfully weathered years of instability, despite the many setbacks that were hurled in her direction and the unending physical and emotional abuse she had endured at the hands of her former husband. "Never blame yourself for the actions of others," urged Lana before proceeding to list the action points moving forward. As the discussion continued, Hind began to feel a sense of structure slowly returning to her life, dissipating the anxiety that had taken hold of her after her divorce.

"I feel both accepted and reassured, which I haven't felt in quite a long time," said Hind. Lana had also encouraged her to resume her education, which she had forgone in order to focus on her untimely marriage. The plan she had laid out also underscored the importance of meeting new people and build strong relationships that can help her overcome the difficulties of life amid the ongoing crisis in Syria.

After several sessions, Hind walked into the safe space with a smile that radiated throughout the premises. "On that day, they planted hope, and today I'm reaping the fruits."

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

People reached with sexual/reproductive health services	6,263
Family planning consultations	860
Ante-natal care consultations	203
Functional mobile clinics	3

SINCE JANUARY

GENDER-BASED VIOLENCE

INDICATOR

Number of women and girls' safe spaces (WGSS)	11
People reached with GBV programming / services	14,098
People provided with GBV case management	2,222
People reached with GBV awareness messages	6,606
People trained on GBV-related topics	191

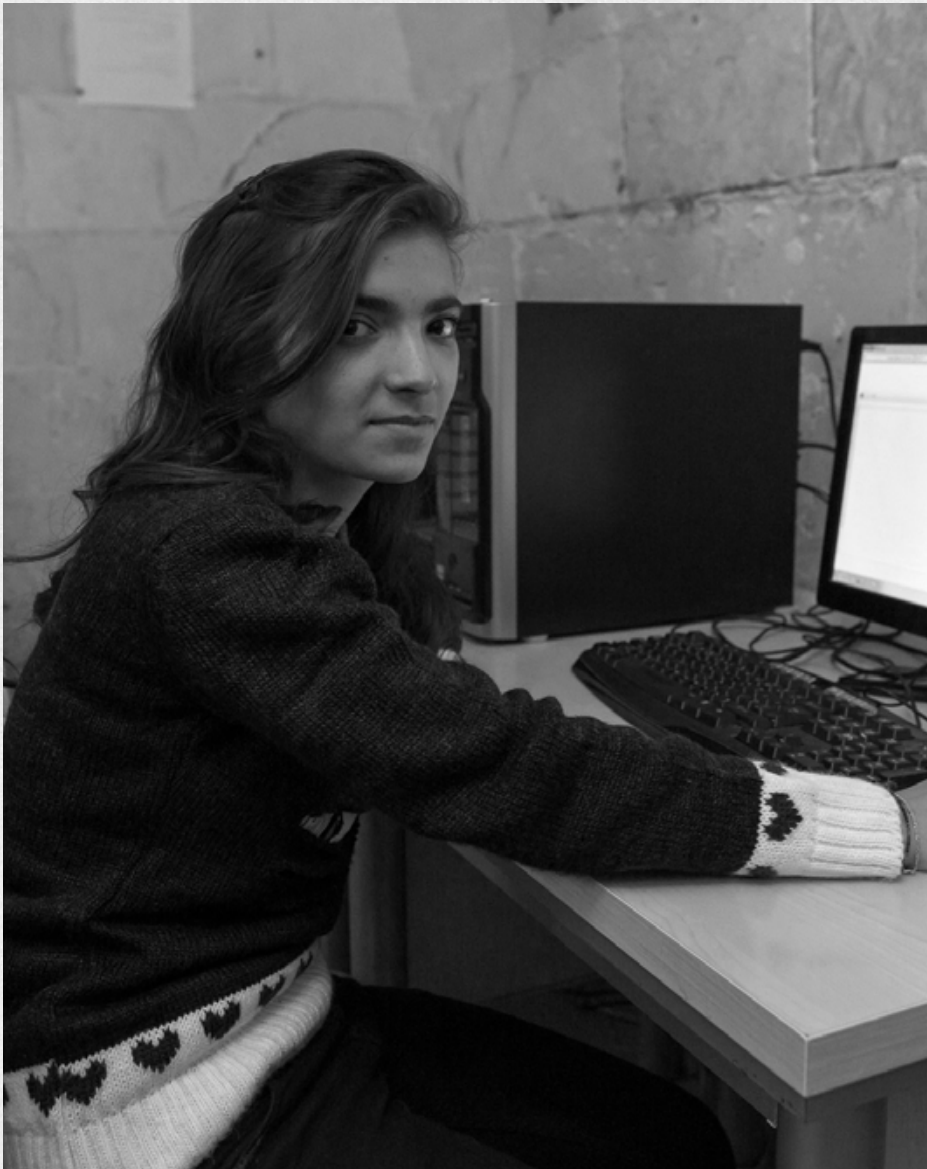
SINCE JANUARY

YOUTH SERVICES

INDICATOR

People reached with youth programming	657
People trained on youth-related topics	63

SINCE JANUARY



IRAQ COUNTRY OFFICE

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

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

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

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

REPRODUCTIVE HEALTH

INDICATOR

Primary health facilities	7
People reached with sexual/reproductive health services	28,668
Family planning consultations	4,994
Normal / assisted vaginal deliveries	1,270
C-Sections	519
Ante-natal care consultations	6,064
Post-natal care consultations	1,962
People trained on SRH-related topics	835

SINCE JANUARY

GENDER-BASED VIOLENCE

INDICATOR

Number of women and girls' safe spaces (WGSS)	7
People reached with GBV programming / services	16,135
People reached with dignity kits	932
People provided with GBV case management	423
People reached with GBV awareness messages	24,635
People trained on GBV-related topics	131

SINCE JANUARY

YOUTH SERVICES

INDICATOR

People reached with youth programming	53,547
Number of functional youth centres	4

SINCE JANUARY



JORDAN COUNTRY OFFICE

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

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

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

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

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

REPRODUCTIVE HEALTH

INDICATOR

Number of primary health facilities	15
People reached with sexual/reproductive health services	88,903
Family planning consultations	19,441
Normal / assisted vaginal deliveries	1,774
Number of C-sections	255
Ante-natal care consultations	31,028
Post-natal care consultations	4,062
Health facilities that provide Emergency Obstetric Care (EmOC)	2

SINCE JANUARY

GENDER-BASED VIOLENCE

INDICATOR

Number of women and girls' safe spaces (WGSS)	19
People reached with GBV programming / services	22,505
People provided with GBV case management	1,800
People reached with GBV awareness messages	10,410

SINCE JANUARY

YOUTH SERVICES

INDICATOR

Number of functional youth centres	1
People reached with youth programming	5,748
People trained on youth-related topics	243

SINCE JANUARY



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.

One of UNFPA Lebanon's largest donors is the Government of Canada, which has funded SRHR and GBV/gender equality components over the last three years (2017-2019). The project, titled "Enhanced Families and Service Providers Capacities to Promote Safe Motherhood and Empower Women and Girls in Lebanon", funded nine of UNFPA Lebanon's partners, who provided input to the monthly SitRep. The Canada fund ended in September 2019, with most activities having been finalized and closed in that month. Partners mobilized to provide support to the fund's closure event, which brought them together over one day to display their achievements and have beneficiaries and peers network and get to know each other. As a result of minimal activities during the month of September 2019, the numbers have dropped significantly.

UNFPA Lebanon has received new funding from the Government of Canada. Other donors, namely Italy, Norway, Denmark and France are also contributing funds to reach women and young girls with access to SRH and GBV prevention-related services, as preparations are underway for initiating the related activities in different parts of Lebanon. Essential SRH commodities were secured as a result of funding made available by Denmark.

REPRODUCTIVE HEALTH

INDICATOR

People reached with sexual/reproductive health services	5,628
Family planning consultations	1,158
Normal / assisted vaginal deliveries	158
C-Sections	114
Ante-natal care consultations	1,859
Post-natal care consultations	224
Functional mobile clinics	1
People trained on RH-related topics	88

SINCE JANUARY

GENDER-BASED VIOLENCE

INDICATOR

Number of women and girls' safe spaces (WGSS)	18
People reached with GBV programming / services	21,359
People provided with GBV case management	1,270
People trained on GBV-related topics	267

SINCE JANUARY

YOUTH SERVICES

INDICATOR

Number of functional youth centres	3
People reached with youth programming	1,050
People trained on youth-related topics	40

SINCE JANUARY



TURKEY COUNTRY OFFICE

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

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

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

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

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

REPRODUCTIVE HEALTH

INDICATOR

	SINCE JANUARY
Number of primary health facilities	30
People reached with sexual/reproductive health services	86,856
Family planning consultations	23,949
Ante-natal care consultations	10,010
Post-natal care consultations	2,294
People trained on SRH-related topics	745

GENDER-BASED VIOLENCE

INDICATOR

	SINCE JANUARY
Number of women and girls' safe spaces (WGSS)	30
People reached with GBV programming / services	201,115
People reached with dignity kits	42,462
People provided with GBV case management	575
People reached with GBV awareness messages	57,396
People trained on GBV-related topics	846

YOUTH SERVICES

INDICATOR

	SINCE JANUARY
Number of functional youth centres	4
People reached with youth programming	3,619
People trained on youth-related topics	19

OTHER SERVICES

INDICATOR

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



HIGHLIGHT

IN SEARCH OF FREEDOM

MAYA'S JOURNEY TO TRUE INDEPENDENCE TOOK HER THROUGH MACEDONIA AND GREECE, BEFORE FINALLY MAKING A LIFE FOR HERSELF IN TURKEY.

When Maya first decided to get married, she had high hopes for the life she was starting. At the time, the Arab Spring was in its infancy and a sense of rebirth and optimism filled the air in Syria. She recalls spending hours thinking of and planning for a better life, picturing what it would be like to have a family in a world where people had greater control over their futures.

"At the time, the Arab Spring was in its infancy and a sense of rebirth and optimism filled the air in Syria."

By the time the crisis in Syria hit in full force, she was already a mother, but the image of that world was beginning to unravel. She had discovered that her husband had hidden abusive tendencies that turned her household into a daily torment — a side of his character that became more dominant in the geopolitical chaos that ensued following the crisis.

"He was beyond abusive to me, but what truly broke my heart was that his abuse did not spare my children," explains Maya. "He would beat us, call us names, and often forbid us from leaving the house. The war outside often seemed less cruel than the one we fought daily within our own home. I simply had to get away."

"He was beyond abusive to me, but what truly broke my heart was that his abuse did not spare my children."

Maya eventually learned that her husband had taken a second wife, which she considered the last straw that broke her marriage. She demanded a divorce, which he verbally accepted but never fulfilled legally, leaving her in a state of limbo. At that point, her avenues were quickly shrinking, particularly as the armed conflicts in Syria drew closer to home. She decided to take a risk and flee.

Maya made her way illegally into Europe, embarking on a harrowing journey that took many months. She came face-to-face with the stark reality of humanitarian conflicts and the dangers they posed to those without protection, particularly women and girls.

"The madness I escaped actually paled in comparison to what I faced on this journey," explains Maya. "As a woman alone with children to feed, I was an open target for abuse and exploitation. Poverty, rape and violence often go hand-in-hand. It was at that point that I decided to take refuge in Turkey, where I'd been told many like me had managed to find some semblance of peace."

By the time she reached Turkey, Maya was in a dire state, both physically and mentally. She had begun to experience a variety of health problems, including chronic fatigue and sporadic aching throughout her body.

"As a woman alone with children to feed, I was an open target for abuse and exploitation. Poverty, rape and violence often go hand-in-hand."

She managed to find her way to a women and girls safe space supported by UNFPA, where she immediately confided in a case manager about her situation. She also expressed her intent to legally divorce her husband and securing some financial support to start a new life for herself and her children.

"The case manager immediately referred me to another institution to receive legal counseling, and she also scheduled an appointment for me to receive psychosocial support," recalls Maya. "They also helped me secure some basic financial support and a stable job, which was beyond necessary at that stage in my life."

Today, Maya has regained her freedom after finalizing divorce proceedings. She has managed to find stability in Turkey, where she currently works in collaboration with one of the programs supported by UNFPA, and continues to receive psychological support to recover from the trauma of her journey.

COORDINATION UPDATES

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

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

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

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

In Turkey, supervision visits were conducted in Sanliurfa with the participation of all service providers (psychologists, social workers, nurses/midwives, doctors and translators) in order to review the trainings they have received and gauge their satisfaction, successes and best practices. Ways forward for the remainder of 2019 were discussed in detail in order to identify any support that could be provided from UNFPA Office. Meanwhile, the Key Refugee Group Coordination meeting was held with a focus on the latest developments regarding the issues impacting unregistered refugees and those registered in other cities. This was followed by a joint Child Protection-SGBV sub-working group meeting in Istanbul under the heading of "Working with Men and Boys."

In Jordan, the Sexual and Gender-Based Violence Sub-Working Group announced the launch of the "Amaali" mobile application, which is designed to provide crucial information on GBV services to both service providers and beneficiaries. The application will be made available on both Google Play and Apple App Store platforms, making it widely accessible to as many people as possible.



DONORS AND PARTNERS

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

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

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

IMPLEMENTING PARTNERS

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

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

In Jordan: IFH (Institute for family health), MOH (Ministry of health), JHAS (Society Aid Health Jordanian), JWU (Jordanian Women’s Union), the National Council for Family Affairs (NCFA), YPEER (Youth Peer Education Network), Questscope, IRC, RHAS.

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

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

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

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

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RELEVANT RESOURCES

www.unfpa.org

www.ocha.org

www.unhcr.org

<http://syria.humanitarianresponse.info>



All photos shown in this issue, unless otherwise stated, are courtesy of the UNFPA Regional Syria Response Hub. Moreover, unless otherwise stated, photos do not directly correlate to the stories next to which they appear. Real names of survivors have been changed for confidentiality.