

UNITED NATIONS POPULATION FUND

REGIONAL SITUATION REPORT

FOR THE SYRIA CRISIS

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

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

ISSUE# 82
JUNE 1-30, 2019



When I first arrived at the camp, school was my only real social outlet, and it helped me feel like life was not completely turned upside down. But after stories started coming out of girls of being attacked and raped, I was forbidden by my family from leaving the house. They are now encouraging me to get married, as several men have expressed interest, but I really don't want to.

Simar, a survivor of gender-based violence 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 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.



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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

IDLIB AND AL HOL CAMP EMERGE AS URGENT PRIORITIES AS TENSIONS IN NORTHERN SYRIA CONTINUE TO ESCALATE.

With the Syria crisis now approaching its 9th 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 sexual and 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. 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.

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. Reports by humanitarian actors region-wide have continued to show that all forms of gender-based violence experienced by Syrian women and girls show no signs of abating.

While some parts of Syria stabilize, the accumulative effect of the conflict necessitates the continuation of sexual and 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.

Recently, mounting tensions in Northern Syria culminated in a military campaign targeting Northern Hama and Southern Idlib. These events continue to exact a heavy toll on civilians and civilian infrastructure in North-Western Syria. In May, around 270,000 displacements

were recorded in Northwest Syria. Recent estimates show that up to 700,000 people could be displaced from Northern Syria, including 200,000 temporary displacements if military escalations take place in the de-escalation zone. Access to healthcare continues to be an essential need for the newly-displaced individuals and for host communities, including an estimated 10,800 pregnant women.

Meanwhile, recent months have seen additional displacements to Al Hol camp in Al Hasakah due to instabilities in Deir ez-Zur governorate. The population at the camp today stands at 73,654 people, 90 percent of whom are women and children.

Escalating violence and displacement often exacerbate women's vulnerability to higher risks of maternal mortality and morbidity, and increase the threat of gender-based violence and harmful practices. Over 50 percent of maternal deaths occur in humanitarian and fragile settings. Additional displacements further strain already-stretched coping mechanisms of individuals and families, leading to desperate measures that further increase the likelihood of protection threats, such as exploitation and early marriage.

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

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

RESPONSE FROM ALL OPERATIONS

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

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

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

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

REPRODUCTIVE HEALTH

INDICATOR

INDICATOR	SINCE JANUARY
People reached with sexual and reproductive health services	1,165,128
Family planning consultations	465,957
Normal / assisted vaginal deliveries	38,217
C-Sections	25,740
Ante-natal care consultations	449,892
Post-natal care consultations	7,780
People trained on SRH-related topics	1,625

GENDER-BASED VIOLENCE

INDICATOR

INDICATOR	SINCE JANUARY
People reached with GBV programming / services	581,685
People reached with Dignity Kits	112,142
People provided with GBV case management	10,088
People reached with GBV awareness messages	514,278
People trained on GBV-related topics	1,575

YOUTH SERVICES

INDICATOR

INDICATOR	SINCE JANUARY
Beneficiaries reached with youth programming	49,272
Beneficiaries trained on youth-related topics	321



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



SYRIA COUNTRY OFFICE

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

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

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

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

REPRODUCTIVE HEALTH

INDICATOR

INDICATOR	SINCE JANUARY
People reached with sexual and reproductive health services	911,952
Family planning consultations	402,271
Normal / assisted vaginal deliveries	28,815
C-Sections	22,993
Ante-natal care consultations	369,561
Post-natal care consultations	39,399
People trained on SRH-related topics	711

GENDER-BASED VIOLENCE

INDICATOR

INDICATOR	SINCE JANUARY
People reached with GBV programming / services	320,892
People reached with Dignity Kits	56,794
People provided with GBV case management	6,511
People reached with GBV awareness messages	349,822
People trained on GBV-related topics	480

YOUTH SERVICES

INDICATOR

INDICATOR	SINCE JANUARY
Beneficiaries reached with youth programming	32,319



* 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.





JUNE HIGHLIGHT

MOTHERS ON THE RUN

AFTER ESCAPING THE VIOLENCE IN HAJIN, KHADIJA FINDS SAFE HAVEN IN THE AL HOL CAMP, WHERE SHE DELIVERS HER FIRSTBORN CHILD.

"I never expected that I would ever experience this much suffering," 18-year-old Khadija told a UNFPA health worker in Al-Hol Camp, where some 75,000 people have sought refuge from the mounting tensions in their hometowns. As of June 2019, more than 90 per cent of the camp's residents are women and girls.

In Khadija's town of Hajin, Deir-ez-Zor, instabilities continue, causing consistent waves of displacement as people seek safety and security. She and her husband, Mahmoud, fled earlier this month, embarking on a 96-hour walk with little food and water to sustain them. At the time, she was in the final days of her pregnancy, and she feared the worst. "I have no home. I have lost everything. And now I have to give birth to my baby in a camp," explains Khadija. "We all fled our homes and left behind all our memories and possessions, and we were barely able to carry any clothes on our backs."

During the treacherous journey to safety, Khadija's body grew frail. Eventually, she and Mahmoud arrived in Al-Hol, where she was able to receive care at the UNFPA-supported health facility. The facility is housed in a hospitainer, a 20-bed facility that opened in June to meet the growing sexual and reproductive health needs in the camp. On June 13th, she gave birth to a healthy baby girl whom she called Fadia. While the health workers were concerned about Khadeeja's health, the delivery went smoothly.

"They saved my life and that of my beautiful baby girl," said Khadeeja said. She, too, had been afraid that her body could not withstand childbirth. "I feared the worst - that I would lose my baby and die in the process. But now, Fadia and I are happy and grateful to be alive. We are safe and healthy."

Fadia was the first baby to be born in the new health facility. Currently, health staff at the facility are working under trying conditions, with growing demand for services as displacements continue. Between 5 and 26 June, nearly 13,000 patients were seen at the facility. Fadia's safe birth gave the health workers a reason to celebrate.

"We are happy to have delivered the first baby to be born in the new facility in Al-Hol camp," said Mother Agnes-Mariam from the Monastery of Saint James the Mutilated, UNFPA's partner in establishing and operating the hospitainer. "She is a lovely little girl and the parents are very happy and grateful."

In Al-Hol Camp, the hospitainer has made care available to women who would otherwise be out of reach. It is part of UNFPA's countrywide efforts to expand sexual and reproductive health care to women affected by Syria's grinding conflict.

The welfare, health and dignity of people in Al-Hol camp continues to be of great concern. In addition to being mostly women and children, the population in Al-Hol includes unaccompanied and separated children, injured individuals who are in need of urgent medical care, and people with disabilities or special needs. The vast majority of the population show notable symptoms of distress and fatigue, while many suffer the effects of acute diarrhea and influenza, in addition to some cases of suspected measles.

"We are trying to meet increasing humanitarian needs in Al-Hol Camp, which are overwhelming," explains Karen Daduryan, UNFPA's Representative in Syria. "UNFPA teams have been working tirelessly to scale-up sexual and reproductive health services with generous support from donors, including the European Commission Humanitarian Aid and Civil Protection, the Government of Australia, the United Kingdom's Department for International Development, and assistance from the Syria Humanitarian Fund, which is a donors' pool fund. With this support, UNFPA is operating a variety of clinics, medical emergency teams, as well as women's and girls' safe spaces, and other services. Still, the needs remain high."

CROSS-BORDER TURKEY

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

The month of June saw continued movements of IDPs to communities near the Turkish border in areas that are already densely populated with high numbers of existing IDPs, such as Dana sub-district in Idlib Governorate, which received more than half of the newly displaced individuals.

Approximately 80,000 women and girls of reproductive age are in need of dignity kits (DKs), of which the existing stock can only serve an estimated 35,000, leaving an approximate 45,000 displaced women and girls with no access to dignity kits. The kits have essential life-saving items for women and girls of reproductive age such as menstrual pad sets, female underwear, cover, and flashlights. Therefore, funds are urgently needed to bridge this gap.

Meanwhile, 270 SRH kits have been distributed, benefiting 18 Syrian NGOs and health directorates operating in northwest Syria. These kits are destined to increase coverage of SRH services for up to 500,000 people in safer areas in Northern Idlib and Aleppo to up to 6 months, in addition to replenishing emergency stocks for future displacements.

REPRODUCTIVE HEALTH

INDICATOR

	SINCE JANUARY
Primary health facilities	13
Health facilities that provide Emergency Obstetric Care (EmOC)	13
Functional mobile clinics	9
People reached with sexual and reproductive health services	114,119
Family planning consultations	30,979
Normal / assisted vaginal deliveries	7,822
C-Sections	2,435
Ante-natal care consultations	50,994
Post-natal care consultations	6,746
People trained on SRH-related topics	274

GENDER-BASED VIOLENCE

INDICATOR

	SINCE JANUARY
Number of women and girls' safe spaces (WGSS)	14
People reached with GBV programming / services	70,042
People reached with Dignity Kits	38,710
People provided with GBV case management	577
People reached with GBV awareness messages	46,736
People trained on GBV-related topics	354



JUNE HIGHLIGHT

A REASON TO SMILE

"I had nothing left to do in this world after the death of my two sons," explains Grandma Salma. "The only hope that sustained me was the infant growing in the womb of my daughter, and it has become my one motivator in life."

Grandma Salma and her remaining family — her husband and her pregnant daughter Mariam, who is in the third trimester of her pregnancy — had to seek shelter in the city of Hur because of the ongoing violence and continuous shelling on their home village Hazarin.

"We've all gotten attached to that baby," she explains. "My daughter's husband is also far away from his home and he has also lost most of his family. We did not care about food or clothes after we were forced to move to this new city; the only thing we cared about was a safe place for my daughter to deliver."

After arriving to Hur, Grandma Salma had taken the time to do her research, conferring with local residents about the best place where her daughter can deliver her baby. She was eventually directed to the UNFPA-supported Hur Health Facility, which delivers specialized services including antenatal care and delivery. When grandma Salma and Mariam first visited the facility, they were welcomed and directed to the ANC services in order to have a general checkup of the mother and the baby. Grandma Salma was excited about the results of the medical examination and the welcoming environment. She was ready for the next visit as proposed by the health personnel at the facility. "Everything went so smoothly. They scheduled another visit, and informed us about the estimated delivery date."

Eventually, baby Rawan was delivered far away from her hometown and her father, but she was in good health and in safe hands. Grandma Salma and her daughter continued to visit the health center in order to ensure the baby receives medical care from the pool of the professionals at the facility.

"With the birth of Rawan, a new hopeful era has started for me, and the entire family," explains Grandma Salma, smiling. "We all have a new reason to smile and move forward."

COUNTRY OVERVIEW

EGYPT COUNTRY OFFICE

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

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

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

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

REPRODUCTIVE HEALTH

INDICATOR

	SINCE JANUARY
People reached with sexual and reproductive health services	3,287
Family planning consultations	183
Ante-natal care consultations	52
Functional mobile clinics	3

GENDER-BASED VIOLENCE

INDICATOR

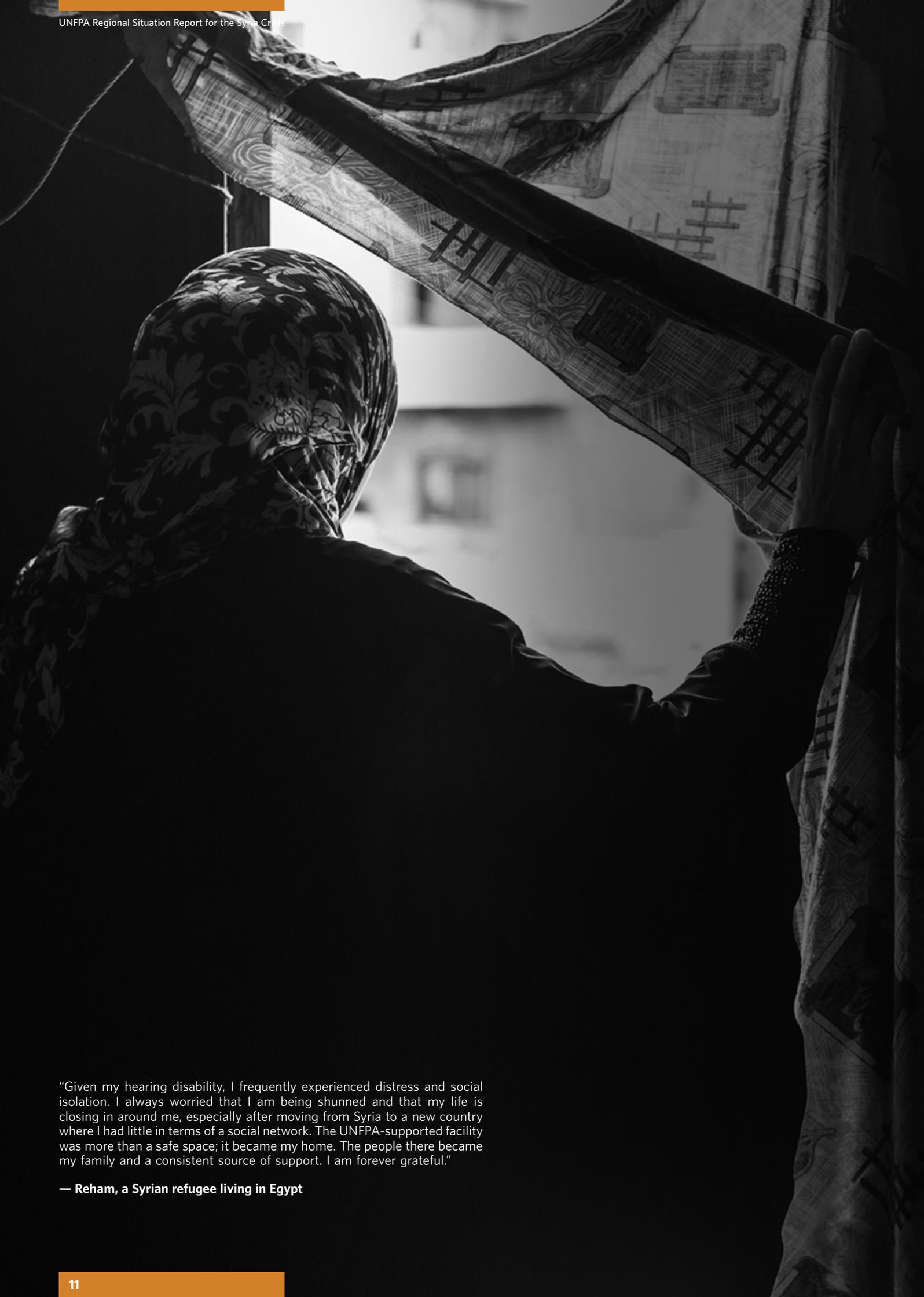
	SINCE JANUARY
Number of women and girls' safe spaces (WGSS)	11
People reached with GBV programming / services	6,765
People provided with GBV case management	1,175
People reached with GBV awareness messages	3,754
People trained on GBV-related topics	132

YOUTH SERVICES

INDICATOR

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





“Given my hearing disability, I frequently experienced distress and social isolation. I always worried that I am being shunned and that my life is closing in around me, especially after moving from Syria to a new country where I had little in terms of a social network. The UNFPA-supported facility was more than a safe space; it became my home. The people there became my family and a consistent source of support. I am forever grateful.”

— Reham, a Syrian refugee living in Egypt

IRAQ COUNTRY OFFICE

WITH HUNDREDS OF THOUSANDS TAKING REFUGE IN THE COUNTRY, 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 12 women community centres, eight health facilities, one delivery room, and five youth centres serving the refugee population in the Kurdistan region of Iraq.

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

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

REPRODUCTIVE HEALTH

INDICATOR

People reached with sexual/reproductive health services	11,292
Family planning consultations	1,768
Normal / assisted vaginal deliveries	394
C-Sections	225
Ante-natal care consultations	2,254
Post-natal care consultations	785
Health facilities that provide Emergency Obstetric Care (EmOC)	1
People trained on SRH-related topics	173

SINCE JANUARY

GENDER-BASED VIOLENCE

INDICATOR

Number of women and girls' safe spaces (WGSS)	7
People reached with GBV programming / services	10,638
People reached with dignity kits	80
People provided with GBV case management	94
People reached with GBV awareness messages	19,580
People trained on GBV-related topics	18

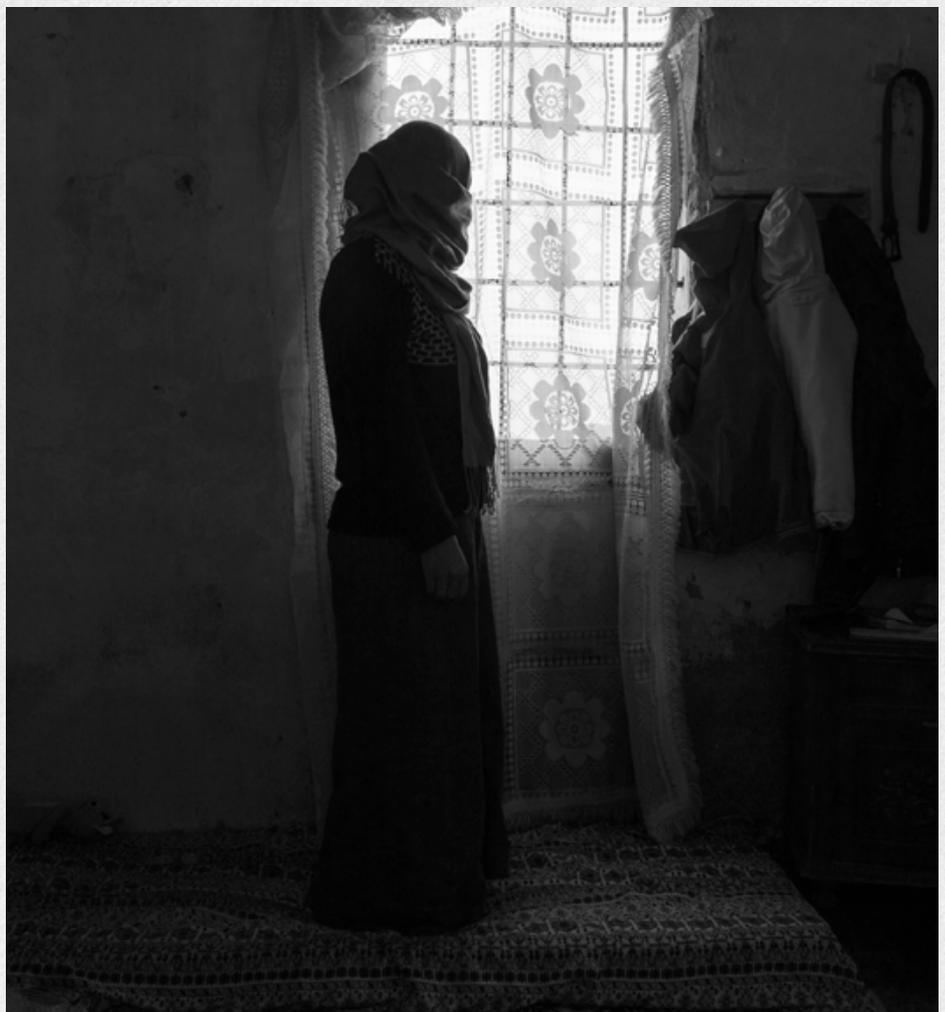
SINCE JANUARY

YOUTH SERVICES

INDICATOR

People reached with youth programming	39,313
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

	SINCE JANUARY
Number of primary health facilities	17
People reached with sexual/reproductive health services	56,326
Family planning consultations	12,727
Normal / assisted vaginal deliveries	1,051
Ante-natal care consultations	19,104
Post-natal care consultations	2,870
Health facilities that provide Emergency Obstetric Care (EmOC)	2

GENDER-BASED VIOLENCE

INDICATOR

	SINCE JANUARY
Number of women and girls' safe spaces (WGSS)	17
People reached with GBV programming / services	17,677
People provided with GBV case management	1,333
People reached with GBV awareness messages	7,335

YOUTH SERVICES

INDICATOR

	SINCE JANUARY
Number of functional youth centres	1
People reached with youth programming	5,053
People trained on youth-related topics	243



LEBANON COUNTRY OFFICE

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

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

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

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

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

REPRODUCTIVE HEALTH

INDICATOR

	SINCE JANUARY
People reached with sexual and reproductive health services	3,754
Family planning consultations	754
Normal / assisted vaginal deliveries	120
C-Sections	74
Ante-natal care consultations	1,059
Post-natal care consultations	154
Functional mobile clinics	5
People trained on RH-related topics	40

GENDER-BASED VIOLENCE

INDICATOR

	SINCE JANUARY
Number of women and girls' safe spaces (WGSS)	15
People reached with GBV programming / services	13,459
People provided with GBV case management	2
People reached with GBV awareness messages	34,783
People trained on GBV-related topics	151

YOUTH SERVICES

INDICATOR

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



JUNE HIGHLIGHT

A SECOND CHANCE

“Without awareness, many girls my age never think twice about marriage,” explains Fatina, an adolescent girl living in South Lebanon. At 16, and before joining the UNFPA-supported peer-to-peer programme, she had gotten engaged at the behest of her family.

It was some time after she joined the programme that she requested support from a social worker in convincing her father to postpone the wedding until she turns 18. The team immediately began to provide awareness sessions to Fatina’s father about the possible risks associated with early marriage, especially the consequences on young girls’ physical and mental health.

Her father’s main motivation was related to his financial constraints, which pushed him to want to marry his daughter to a dentist. He believed that securing her future now was in her best interest, particularly given the instabilities of displacement. Fatina, meanwhile, had only relented in an attempt to alleviate her family’s economic burdens, as many children in her situation feel compelled to do. The social workers, however, continued to work towards finding possible alternatives for securing financial support to the family in an effort to help Fatina avoid the perils of early marriage.

In parallel, Fatina’s case managers strove to help her feel more empowered as an individual, providing a series of engagement activities that allowed her to tap into her potential and cultivate independence. This included awareness sessions on early marriage and a series of capacity-building programmes that complemented her education and personal growth.

Fatina’s father witnessed her changing attitude — how she became more self-confident and the notable improvements in her communication skills. He saw how the sessions were slowly reshaping her character for the better, and quickly began to see the massive potential she carried when given the proper support. As a result, he decided to postpone the marriage and focus on helping his daughter realize her full potential.

“I feel relieved,” explains Fatina. “Now I feel like I have room to grow and discover who I am as an individual before making such a profound and long-term commitment.”

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 and reproductive health services	63,328
Family planning consultations	17,158
Ante-natal care consultations	6,577
Post-natal care consultations	1,439
People trained on SRH-related topics	454

GENDER-BASED VIOLENCE

INDICATOR

	SINCE JANUARY
Number of women and girls' safe spaces (WGSS)	30
People reached with GBV programming / services	138,398
People reached with dignity kits	16,558
People provided with GBV case management	396
People reached with GBV awareness messages	40,894
People trained on GBV-related topics	277

YOUTH SERVICES

INDICATOR

	SINCE JANUARY
Number of functional youth centres	4
People reached with youth programming	2,792

OTHER SERVICES

INDICATOR

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



JUNE HIGHLIGHT

BORN INTO CHAINS

"I've often felt like I was somehow born into a prison sentence, that I'm being punished for a crime I did not commit," says Zina, a Syrian refugee living in Turkey.

Zina, a survivor of child marriage, gave birth to her two children years before reaching adulthood. She was forced into marriage at age 13, entering a life of restriction, emotional blackmail and verbal and physical abuse at the hands of her husband and family. It was then that the Syria crisis erupted, forcing her and her family to take refuge in Turkey around 2013.

Six months ago, Zina left her husband and returned to live with her parents in Turkey. She had been experiencing consistent physical and emotional abuse since the day she had gotten married, and all attempts at reasoning with her husband had failed. Her own family, on the other hand, were adamant in their efforts to reconcile the marriage.

"My family is extremely conservative and regard divorce as a scandal," explains Zina. "Even after leaving my husband, it often feels like I've escaped one prison and joined another. My uncles never allow me to leave the house on my own, so I live my days in the house and cannot even begin to imagine a future for myself."

The pressure placed upon her by her family had twice forced Zina into attempted suicide. This had rendered her parents more sympathetic to her plight, but failed to move her uncles, who often made her feel as if she will be the downfall of the family. "I had entered a depression unlike any other I had ever experienced. Between the abuse, the war, and the feelings of resentment I had felt from the men in my family, I felt like I had nowhere to turn to in this world. I needed help."

Zina was able to seek counseling from the Diyarbakır Youth Center — a UNFPA-supported center that offers awareness building and engagement activities to those in need. She was immediately referred to individual counselling, followed by an in-depth planning session where the counselor helped her set her objectives for the coming session. During the session, Zina had made it clear that divorce was the only avenue she deemed acceptable, and so she was referred to the Turkish Bar Association to receive legal assistance in the divorce proceedings.

"The safe space at the center was more than a last resort," explains Zina. "Before going there, I was completely alone. Now, I at least feel as though I have a support network, and it has impacted the way my family perceives me. Since going to the center, they are now on my side and can see that I am capable of making my own choices. Even my uncles have stepped back now that the authorities have gotten involved. I still have a long road to travel to recover from all that has happened, but I am much more hopeful."

COORDINATION UPDATES

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

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

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

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

In Syria, a joint protection, child protection and GBV sub sector meeting took place in Damascus with the objective of introducing the new Protection sector coordinator, collecting the updates from partners on response plan for the North West scenarios and on Protection activities related to the Sexual Exploitation and Abuse (PSEA). This was followed by a joint Protection, Child Protection and GBV Working Group meeting that took place in Aleppo with the objective of: updating the sector partners on the protection response toward the student coming from Hard to Reach Area. In Homs, a joint Protection, Child Protection and GBV sub sector meeting was conducted with the participation of 31 focal points from local NGOs, international NGOs, government, civil affairs and UN agencies. The main objective of the meeting was to provide an update on the current situation nationwide, with a focus on Rukban and the response and protection approach on child labour.

In Turkey, an Inter-Agency KRG Coordination Platform was organized for representatives of NGOs who work with key refugee groups (LGBTI individuals, sex workers and individuals living with HIV). The theme of the meeting was the community-based complaint mechanisms and a discussion took place on challenges and opportunities in the field. National GBV expert attended the Child Protection meeting in Istanbul with the agenda focusing on alternative care modalities and foster family, the discussion led by Ministry of Family, Labour and Social Services. Moreover, two workshops were conducted on community-based preventive and empowerment strategy and challenges, opportunities and recommendations on social cohesion. Lastly, UNFPA attended the mid-year protection consultation meeting, the objective was to take stock on current situation related to transition and to develop a roadmap for the sector towards transition.

In cross-border Turkey, the GBV SC has developed a guidance note on cash in case management to support GBV SC members in their cash interventions with GBV survivors, which is a GBV response activity that is increasingly used in northwestern Syria. In addition, the GBV SC developed a training curriculum to support GBV actors in training other sectors on GBV basics, SOPs and GBV risk mitigation. The GBV SC coordinators also presented the guidance note on *Mitigating Protection Risks in IDP Sites Exclusive to Widowed and Divorced Women and Girls* during the Humanitarian Liaison Group (HLG) meeting and advocated for the support of humanitarian leadership to ensure these women and girls are protected and their rights upheld. Lastly, the recently-launched online service mapping tool is now officially in use and regularly updated by GBV SC members. Based on service mapping information, the GBV SC has developed and shared referral pathways for 11 districts.

In Lebanon, a training on family planning counselling was conducted by the Lebanese Order of Midwives in Bekaa and is being currently conducted in North Lebanon. Challenges cited included the lengthy duration that prevented some midwives from attending, in addition to the overall shortage of midwives and the increasing workload on hospitals, which makes it difficult to implement the valuable lessons garnered from the training. Meanwhile, the CMR taskforce also met to discuss the quality of services and counselling provided at priority facilities.



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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 (LFPAGE), 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), The International Rescue Committee (IRC), 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.

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

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