



Multiple Forms of Violence Impact Internally-Displaced Women in Syria

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Well over eight years of war have now displaced 13 million people who are in need of humanitarian aid inside Syria, including 3.8 million women and adolescent girls aged 15-49, more than half a million pregnant, who are taking the heaviest toll. Syrian women bear the full hardship of the war, as they pay the price twice: incurring physical and psychological scars in addition to suffering the impact of social stigma, displacement and gender-based violence. UNFPA has integrated mental health and psychosocial support (MHPSS) in the sexual and reproductive health (SRH) and gender-based violence (GBV) humanitarian response, in all supported facilities, including outreach services.

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HUMANITARIAN SITUATION

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Cessation of military operations has not diminished humanitarian need

The crisis in Syria has been globally recognized as one of the worst humanitarian crises of our time. 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 well-being of women and girls of reproductive age, and their children, at risk. Such disruptions also put this population at greater risk of experiencing gender-based violence and exploitation. Due to the length of the crisis in Syria, many girls have spent most or the entirety of their lives in a humanitarian context and, as a result, have endured various forms of violence.

Crisis-affected people can experience different types of trauma from displacement and the strain of camp settings, among many other problems that erode social support. They also can be exposed to different types of GBV, from psychological abuse and economic deprivation to battery,

rape and denial of freedom. While one in three women globally will experience physical or sexual violence in her lifetime, the risks are higher in Syria. Child marriage of girls was practiced in some Syrian communities even before the crisis started, but the conflict has contributed to girls being married younger and under different conditions, as a negative coping mechanism in displacement. GBV services remain inadequate and there is a tremendous need for health, psychosocial support and GBV prevention and response. The situation is made worse by lack of privacy, with multiple families sharing tents and accommodations in the camp which may leave women and girls vulnerable to gender-based violence, harassment and abuse.

Mental health specialists lacking despite urgent and widespread need

While there is a dire need for mental health and psychosocial support (MHPSS) in Syria, hardly any MHPSS professionals remain, many having fled during the crisis. According to UNFPA's Country Office

in Syria, the whole north-east region of the country has only one mental health professional, and the number of people qualified to carry out specialized MHPSS support in Syria as a whole does not exceed a dozen. Addressing the severe shortage of MHPSS professionals in affected areas requires training of community health workers to provide such services.

STRATEGIES AND INTERVENTIONS

UNFPA is building its interventions to include mental health and psychosocial support as part of the gender-based violence services and the clinical management of rape. Sexual and reproductive health facilities are the entry point where health and community health staff can identify people in need of psychological assistance and refer them to advanced services in Women and Girls Safe Spaces, Community Well-being Centres or specialized centres for secondary or tertiary support.

In addition, UNFPA is expanding delivery of integrated mental health and psychosocial support services through different outreach facilities and mobile teams.

To strengthen and ensure the sustainability of services, UNFPA in collaboration with national partners established a network of MHPSS counselors, in all accessible governorates, in three phases:

- **Phase 1:** Building capacity of 185 MHPSS providers in eight governorates with training on basic psychosocial support (PSS) and counselling. This series of specialized training sessions was followed by on-the-job training for 20 of the best trainees.

UNFPA RESPONSE OBJECTIVES

To support populations in need in Syria, UNFPA is working to:

- Integrate MHPSS in SRH/GBV services at all UNFPA-supported facilities, including outreach services
- Ensure providers are sufficiently trained to deliver high quality and culturally sensitive MHPSS services
- Raise awareness about the importance of MHPSS among affected communities



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- **Phase 2:** Providing advanced training for former trainees on PSS for families of individuals in need of psychological support. This phased training has resulted in enhanced capacities of the PSS network and filled the gaps in targeted governorates.
- **Phase 3:** Building capacity for PSS providers to deal with most vulnerable groups, especially people with disabilities (PWD), a vulnerable population group that has increased as a result of the crisis. It is estimated that the crisis has left about 2 million people with disabilities.

UNFPA is investing in the capacity development of community health providers and PSS staff to improve the quality of services.

PROGRESS AND RESULTS *January 2018 – September 2019*

Working closely with partners, UNFPA integrated and provided MHPSS in the following facilities and outreach services from January 2018 to September 2019:

- 168 mobile teams
- 78 static clinics
- 47 Women and Girls Safe Spaces
- 16 youth centres
- 3 Community Well-being Centres
- 1 family protection unit

During this time, UNFPA:

- Reached **164,000** beneficiaries with psychosocial support services
- Delivered training to **180 MHPSS providers** in eight governorates, including 70 reproductive health service providers and 115 providing GBV support, on basic PSS and counselling
- Organized on-the-job training for 20 MHPSS providers
- Supported **291 facilities** in Syria to provide SRH/GBV services, including psychosocial support

“I was only 12 years old when I got married to my 25-year-old cousin... He did not let me go to school and imprisoned me in the house. The most painful, though, were the insults and accusations of being a bad mother. I was doing my best, but I was a child raising another child.”

—Najma, internally displaced person in Syria

LESSONS AND CONCLUSIONS

UNFPA has brought MHPSS services to thousands of women in Syria, along with continuing SRH/GBV support services. Given the ongoing humanitarian crises, however, continued efforts are needed. In the process of integrating MHPSS, many lessons have been learned that enhance the effectiveness of service provision. Affected communities would benefit greatly from key actions:

- Continued investment in community engagement and outreach efforts to promote the importance of MHPSS and improve the coordination of services at local and national levels.
- Exploration of best practices to support training needs of providers, delivering culturally sensitive and socially appropriate MHPSS services for individuals and their families.
- Building high quality therapeutic relationships to improve recipient engagement and outcomes.
- Ensuring availability of, and building partnerships with, MHPSS tertiary health care facilities.

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, to better cope with and recover from the crisis. MHPSS services foster healing from the distress of traumatic events to restore mental and emotional well-being and coping tools for resilience in the challenging environments faced by refugees and the displaced.

“For me, the safe space became more than a lifeline. Sometimes, life feels like one of those strange nightmares in which you are trying to call for help but your voice is caught in your throat. Coming to this centre felt like I finally got my voice back.”

—Rama, receiving psychosocial support services at a Women and Girls Safe Space supported by UNFPA

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