

UNITED NATIONS POPULATION FUND

REGIONAL SITUATION REPORT

FOR THE SYRIA CRISIS

ISSUE# 122

OCTOBER 2022



WE AS WOMEN SIMPLY DO NOT FEEL SAFE ANYMORE. MANY OF US DO NOT EVEN FEEL SAFE IN OUR OWN HOMES, WITH OUR OWN FAMILIES, WHILE OTHERS FEAR BEING KIDNAPPED, RAPED, OR KILLED.

– MARIAM, a woman from Aleppo

SNAPSHOT

As of October 2022, Syrians and host communities throughout the region continue to face the escalating impact of a protracted humanitarian crisis, further complicated by a deteriorating economy, continuing hostilities, and chronic and emerging health threats, including an unrelenting pandemic and a worsening cholera outbreak.

The crisis region, which spans the Whole of Syria, Türkiye, Lebanon, Jordan, Iraq, and Egypt, continues to face a multitude of challenges, particularly in light of the recurrent waves of COVID-19 infections that continue to exacerbate existing needs. A decade into this protracted crisis, people in need continue to endure the cumulative effects of years of instability, the risks of which are even higher now due to the impacts of a far-reaching economic meltdown.

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 Humanitarian Hub for Syria and the Arab States in Amman, Jordan, and spans operations conducted by UNFPA offices in Türkiye, Lebanon, Jordan, Iraq, and Egypt, in addition to operations conducted inside Syria from Damascus and cross-border via Türkiye.

In addition to providing aggregated quantitative results for each country involved in UNFPA's regional Syria response, this report also brings stories from the field that highlight the plight of communities inside Syria and in host countries, underscoring the positive impact of the response delivered by UNFPA in the areas of sexual and reproductive health, gender-based violence, youth engagement, and others. The report also covers UNFPA's efforts to ensure continuity of operations throughout the Syria crisis region during the COVID-19 pandemic.



ISSUE # 122

OCTOBER 2022



VIOLENCE AGAINST WOMEN AND GIRLS HAS BECOME A SERIOUS PROBLEM AFTER THE WAR. WE SIMPLY DO NOT FEEL SAFE ANYMORE.

– YUSRA, a woman from Qamishli

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All photos shown in this issue, unless otherwise stated, are courtesy of the UNFPA Regional Humanitarian Hub for Syria and the Arab States (The 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.

DEVELOPED BY THE UNFPA
REGIONAL HUMANITARIAN HUB
FOR SYRIA & THE ARAB STATES

www.unfpa.org
www.ocha.org
www.unhcr.org
<http://syria.humanitarianresponse.info>

THE SITUATION / 2022

FOR SYRIAN WOMEN & GIRLS, GENDER-BASED VIOLENCE REMAINS A DAILY REALITY.

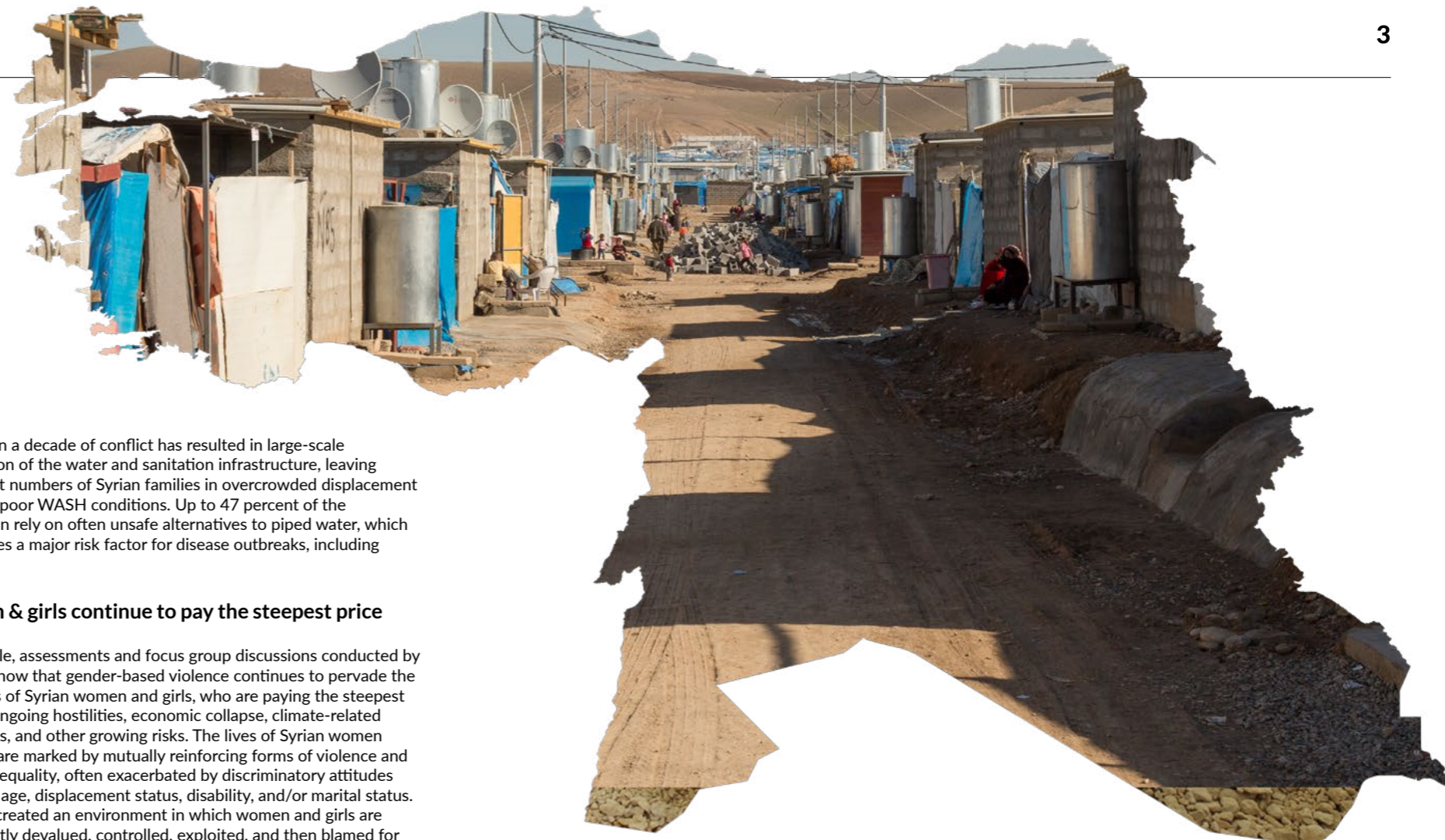
The Independent International Commission of Inquiry on the Syrian Arab Republic recently released a report highlighting the plethora of challenges that faced Syrian communities during the first six months of 2022, confirming that the economic and humanitarian situation in Syria is at its worst since the start of this protracted crisis.

In addition to ongoing hostilities in various areas throughout the country, Syrians are facing the culmination of over a decade of economic decline, exacerbated by corruption, the COVID-19 pandemic, and the economic crises in Lebanon and Türkiye. Staggering inflation, which has resulted in an 800 percent rise in food prices since 2020, has further limited the ability of humanitarian agencies to meet growing needs. The report also noted the dire conditions in displacement camps in the north-west of the country, which have left many with little choice but to return to their homes in front-line areas where active hostilities and indiscriminate attacks against civilians have claimed countless lives and targeted food and water resources.

The findings underscore that these combined challenges could risk propelling the country into further conflict and insecurity, particularly as poverty and lack of services push communities to the brink. Despite the continuing efforts of humanitarian actors, the crisis remains one of the world's most complex humanitarian and protection emergencies, with 14.6 million estimated in need of assistance, among them 7.2 million women and girls. This reflects a steep increase from the number of people in need reported in 2021 (13.4 million) and in 2020 (11.7 million).

When the crisis passed the decade mark in 2021, the world was already a year into the COVID-19 pandemic, and an array of other humanitarian situations were emerging. Among the millions of Syrians who have spent the last 12 years surviving conflict, displacement, economic collapse, and mounting risks to their safety, many feel their calls for help have been increasingly drowned out.

Another growing cause for concern is the escalating cholera outbreak in Syria, officially declared by the Syrian Ministry of Health on September 10 in Aleppo following 15 confirmed laboratory cases and one death. Surveillance data showed that a total of 936 suspected cases were reported in Syria, including at least eight deaths. More than 72 percent of the reported cases were in Aleppo, followed by Deir-ez-Zor, Ar-Raqqa, Al Hasakah, Hama, and Lattakia. Suspected cholera cases have been reported in all 14 governorates, 12 of which tested positive using a rapid diagnostic test. A rapid assessment conducted by health authorities and partners has linked the infection to people drinking unsafe water from the Euphrates River and using contaminated water to irrigate crops, resulting in food contamination.



More than a decade of conflict has resulted in large-scale destruction of the water and sanitation infrastructure, leaving significant numbers of Syrian families in overcrowded displacement sites and poor WASH conditions. Up to 47 percent of the population rely on often unsafe alternatives to piped water, which constitutes a major risk factor for disease outbreaks, including cholera.

Women & girls continue to pay the steepest price

Meanwhile, assessments and focus group discussions conducted by UNFPA show that gender-based violence continues to pervade the daily lives of Syrian women and girls, who are paying the steepest price of ongoing hostilities, economic collapse, climate-related challenges, and other growing risks. The lives of Syrian women and girls are marked by mutually reinforcing forms of violence and gender inequality, often exacerbated by discriminatory attitudes based on age, displacement status, disability, and/or marital status. This has created an environment in which women and girls are consistently devalued, controlled, exploited, and then blamed for the violence they face.

"Physical, emotional, and sexual violence continue to take place," explains Mona, an adolescent girl living in Areesha camp, whose family forced her to leave school after learning that one of the teachers there had been sexually harassing female students. "Attending the UNFPA-supported Safe Space was an opportunity for me to live again, as I was considering suicide because of the pressure my family was putting on me."

The risks facing women and girls like Mona are further compounded by the deteriorating economy and widespread poverty, lack and loss of livelihoods, destruction and loss of housing and property, protracted and multiple cycles of displacement, substandard living conditions (even for people in areas of relative stability), and the shortage of natural resources. This is increasing reliance on negative coping mechanisms, such as early and forced marriages and sexual exploitation and abuse.

Even more alarming are the reports by women and girls stating that the violence against them has become normalized as a result of years of instabilities. Harassment, intimate partner and family violence, child and forced marriage and subsequent pregnancies, and sexual violence and exploitation are consistently reported, while new trends, such as various forms of technology-facilitated violence, have also been observed in recent years.

"We have people that consider a girl to be a spinster if she reaches age 16 while unmarried," explains Raghda, a woman from Dara'a, in a statement that highlights the normalization of child marriage in her community. A similar statement is made by Nour from Qamishli, who notes that "girls growing up in these circumstances have become accustomed to the violence and now think it's normal."

And yet, despite the enormous challenges levelled against them, Syrians throughout the region refuse to give up. People of different ages and backgrounds, including women and girls who have survived gender-based violence, continue to demonstrate remarkable resilience and determination. Many rise above their challenges and traumas to provide better prospects and opportunities for their children and loved ones, while others defy circumstances to become artists, activists, innovators, and influential voices in their communities.

UNFPA continues to show up

UNFPA and humanitarian actors will continue to advocate for the rights and well-being of women and girls.

Between January and October 2022, as part of its regional response to the crisis, UNFPA delivered sexual and reproductive health services to around 1.4 million people, while around 650,000 were reached with services designed to prevent and respond to gender-based violence, including around 221,000 adolescent girls. More than 133,000 women were provided with cash assistance, and nearly than 10,000 LGBTQI+ individuals were served.

In 2022, UNFPA is appealing for a total of USD 144.3 million to fund its regional Syria crisis response, which spans the Whole of Syria, Türkiye, Lebanon, Jordan, Iraq, and Egypt.



14.6 MILLION
Estimated people in need inside Syria



3.7 MILLION
Women and girls of reproductive age in need in Syria



500,000
Estimated pregnant women and girls in the crisis region



7.1 MILLION
Refugees, asylum seekers, or stateless people in the region

The impact of this crisis stretches far beyond Syria to include Türkiye, Lebanon, Jordan, Iraq, and Egypt.

RESPONSES FROM ALL OPERATIONS

OPERATIONS IMPLEMENTED THROUGHOUT THE REGION, INCLUDING THE WHOLE OF SYRIA, TÜRKIYE, LEBANON, JORDAN, IRAQ, AND EGYPT.

1,381,504

PEOPLE REACHED WITH REPRODUCTIVE HEALTH SERVICES

95% FEMALE

20,688

PEOPLE WITH DISABILITIES REACHED WITH VARIOUS SERVICES

80% FEMALE

649,461

PEOPLE REACHED WITH GENDER-BASED VIOLENCE SERVICES

92% FEMALE

220,977

ADOLESCENT GIRLS SUPPORTED THROUGH VARIOUS PROGRAMMES

52,904

YOUNG PEOPLE ENGAGED THROUGH VARIOUS ACTIVITIES

71% FEMALE

9,675

LGBTQI+ INDIVIDUALS SUPPORTED THROUGH VARIOUS SERVICES

133,199

PEOPLE PROVIDED WITH CASH & VOUCHER ASSISTANCE

99% FEMALE

16,821

PEOPLE TRAINED ON VARIOUS TOPICS

80% FEMALE

AS THE CHALLENGES DEEPEN, WOMEN AND GIRLS CONTINUE TO PAY THE PRICE.

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 Türkiye, Lebanon, Jordan, Iraq, and Egypt. The crisis has permanently altered the fabric of society in Syria itself, with far-reaching ramifications for its future resilience. Assessments and interviews conducted by UNFPA since 2016 have also been able to illustrate the profound effect that years of instability have had on women and girls, particularly adolescent girls,

who face a variety of unique risks. Lack of individual autonomy, movement restrictions, forced and early marriage, denial of resources and opportunities, and sexual and physical violence continue to be part of their daily reality, creating a web of violence that can transcend generations.

Despite testing their limits, however, the crisis has also revealed the remarkable resilience of women and girls, many of whom defy enormous odds to build brighter futures for themselves and their families.

REPRODUCTIVE HEALTH

	TOTAL	% FEMALE
Family planning consultations	772,852	99%
Normal and assisted vaginal deliveries	25,387	100%
C-Sections	12,262	100%
Ante-natal care consultations	518,672	100%
Post-natal care consultations	105,178	100%
People trained on SRH-related topics	6,619	89%

GENDER-BASED VIOLENCE

	TOTAL	% FEMALE
People reached with dignity kits	75,290	98%
People provided with GBV case management	29,046	95%
People reached with GBV awareness messages	496,448	92%
People trained on GBV-related topics	7,765	74%

YOUTH SERVICES

	TOTAL	% FEMALE
People trained on youth-related topics	2,437	76%



147

PRIMARY HEALTHCARE FACILITIES*



103

WOMEN AND GIRLS SAFE SPACES



31

EMERGENCY OBSTETRIC CARE FACILITIES



20

YOUTH CENTRES



118

MOBILE CLINICS

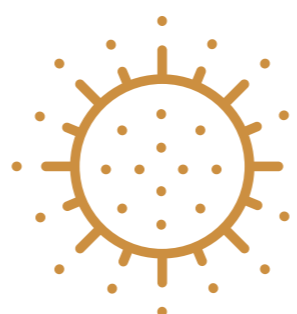


86

OTHER SERVICE DELIVERY POINTS

* Above figures reflect fully-supported service-delivery points. Inside Syria, an additional 638 primary healthcare facilities are being partially supported through the Ministry of Health.

** As of October 31, 2022



CONFIRMED CASES OF COVID-19 ** SINCE THE START OF THE PANDEMIC

	SYRIA	TÜRKIYE	LEBANON
	57,350	16,919,638	1,218,923
	JORDAN	IRAQ	EGYPT
	1,746,997	2,459,982	515,420

#ThisIsNotNormal

Disrupting the normalization of violence against women and girls

[Watch](#) the launch video by UNFPA Executive Director, Natalia Kanem.

The **#ThisIsNotNormal** campaign comes in response to increasing reports by women and girls that violence against them is becoming so widespread and unchecked, that it has been normalized in many communities.

Globally, women and girls continue to bear the brunt of the worst impacts of natural and human-made disasters, and this includes the escalating risks of multiple forms of gender-based violence and harmful practices.

In the Arab region, converging crises are affecting the lives and well-being of women and girls, including protracted humanitarian crises, armed conflicts, forced internal and external displacement, food insecurity and water scarcity, the worsening impacts of climate change, and countless other serious challenges. Meanwhile, the continuing impacts of the COVID-19 pandemic, and high food and fuel prices driven by the ongoing war in Ukraine, are exacerbating the challenges women and girls face in communities across the region and beyond.

In the wake of these unprecedented challenges, more women and girls report to UNFPA that violence against them is becoming increasingly normalized, particularly in humanitarian settings.

Harassment, intimate partner and domestic violence, child and forced marriage, and sexual violence and exploitation are consistently reported, while new trends, such as various forms of cyber violence, have also been

observed in recent years. Women and girls also report that this sense of normalization is eroding their resilience, particularly for those living in humanitarian settings.

The normalization of violence against women and girls poses a serious risk to sustainable peace and security and could derail progress towards the United Nation's 2030 Agenda for Sustainable Development. The international community must act with urgency and in solidarity to reject the risk of the normalization of violence against women and girls, and ensure that programmes designed to respond to this trend are at the front and centre of humanitarian responses.

Featuring the voices of **artists and influencers**, across Arab region, such as Ghada Saba, Joanna Arida, Maya Ammar, and Alaa Hamdan, the campaign aims to counter this alarming trend, amplify the voices of women and girls survivors of gender-based violence, and reaffirm global commitment to ending gender-based violence, including sexual violence in conflict, and providing justice and support services to all those affected.

#ThisIsNotNormal is an extended campaign that will continue over the coming months. UNFPA is inviting donor countries, UN and partner agencies, gender-based violence experts, journalists, and other opinion influencers to participate.

WOMEN AND GIRLS EXPERIENCE VIOLENCE AND OFTEN ACCEPT IT, NOT KNOWING THAT IT IS NOT NORMAL.

— SERENA, a young woman from Lebanon



During the Arab Girls' Summit held in Amman (October 10-12), The Hub held a side event to introduce the **#ThisIsNotNormal** to adolescent girls from various countries in the region. Many of the girls were deeply moved by the message of the campaign and encouraged to share their own stories of gender-based violence and to commit to fighting back. As Aisha, a girl from Iraq said, "I reject the idea that violence against women and girls is normal. I and girls like me will fight to stop it."

ACROSS THE WHOLE OF SYRIA

ENSURING THAT ALL COMMUNITIES INSIDE SYRIA HAVE ACCESS TO LIFE-SAVING ASSISTANCE AND QUALITY SERVICES, EVEN IN LOCATIONS THAT ARE HARD TO REACH.

962,987

PEOPLE REACHED WITH REPRODUCTIVE HEALTH SERVICES

94% FEMALE

9,874

PEOPLE WITH DISABILITIES REACHED WITH VARIOUS SERVICES

93% FEMALE

499,840

PEOPLE REACHED WITH GENDER-BASED VIOLENCE SERVICES

94% FEMALE

187,680

ADOLESCENT GIRLS SUPPORTED THROUGH VARIOUS PROGRAMMES

25,746

YOUNG PEOPLE ENGAGED THROUGH VARIOUS ACTIVITIES

64% FEMALE

8,033

PEOPLE TRAINED ON VARIOUS TOPICS

80% FEMALE

129,186

PEOPLE PROVIDED WITH CASH & VOUCHER ASSISTANCE

99% FEMALE

REPRODUCTIVE HEALTH

	TOTAL	% FEMALE
Family planning consultations	361,410	99%
Normal and assisted vaginal deliveries	23,848	100%
C-Sections	12,168	100%
Ante-natal care consultations	459,787	100%
Post-natal care consultations	85,943	100%
People trained on SRH-related topics	3,274	92%

GENDER-BASED VIOLENCE

	TOTAL	% FEMALE
People reached with dignity kits	19,487	99%
People provided with GBV case management	23,420	98%
People reached with GBV awareness messages	401,641	94%
People trained on GBV-related topics	4,393	72%

YOUTH SERVICES

	TOTAL	% FEMALE
People trained on youth-related topics	366	73%



107

PRIMARY HEALTHCARE FACILITIES*



53

WOMEN AND GIRLS SAFE SPACES



29

EMERGENCY OBSTETRIC CARE FACILITIES



14

YOUTH CENTRES



101

MOBILE CLINICS



71

OTHER SERVICE DELIVERY POINTS

* Above figures reflect fully-supported service-delivery points. Inside Syria, an additional 638 primary healthcare facilities are being partially supported through the Ministry of Health.

In 2014, the Whole of Syria (WoS) approach was introduced across the United Nations, authorised initially by UN Security Council Resolution (UNSCR) 2165 in 2014. This allowed cross-border humanitarian assistance from Iraq, Jordan, and Türkiye. Successive UNSCRs extended and adapted this, eventually reducing to cross-border assistance from Türkiye exclusively. In July 2022, the resolution was extended until 10 January 2023. The continuation of this large, UN-led humanitarian operation is vital to reaching those most in need. In addition to the Whole of Syria approach under the Humanitarian Response Plan (HRP), there has been a succession of comprehensive Regional Refugee and Resilience Plans (3RPs) since 2014, which aim to coordinate and align responses to Syrian refugees and affected host communities across Türkiye, Lebanon, Jordan, Iraq, and Türkiye.



WHEN I FINALLY FOUND MY WAY TO THE SAFE SPACE, I WAS SURPRISED AT HOW QUICKLY I BEGAN TO FEEL A CHANGE. THE KIND PEOPLE THERE GAVE ME THE HOPE I THOUGHT I'D NEVER GET BACK.

– RULA, a Syrian woman from Damascus

SYRIA COUNTRY OFFICE

845,845

PEOPLE REACHED WITH REPRODUCTIVE HEALTH SERVICES

99% FEMALE

5,359

PEOPLE WITH DISABILITIES REACHED WITH VARIOUS SERVICES

95% FEMALE

402,443

PEOPLE REACHED WITH GENDER-BASED VIOLENCE SERVICES

98% FEMALE

159,045

ADOLESCENT GIRLS SUPPORTED THROUGH VARIOUS PROGRAMMES

25,746

YOUNG PEOPLE ENGAGED THROUGH VARIOUS ACTIVITIES

64% FEMALE

4,485

PEOPLE TRAINED ON VARIOUS TOPICS

70% FEMALE

122,429

PEOPLE PROVIDED WITH CASH & VOUCHER ASSISTANCE

100% FEMALE

REPRODUCTIVE HEALTH

	TOTAL	% FEMALE
Family planning consultations	347,138	99%
Normal and assisted vaginal deliveries	8,776	100%
C-Sections	7,695	100%
Ante-natal care consultations	391,294	100%
Post-natal care consultations	51,749	100%
People trained on SRH-related topics	2,914	92%

GENDER-BASED VIOLENCE

	TOTAL	% FEMALE
People reached with dignity kits	19,487	99%
People provided with GBV case management	21,641	98%
People reached with GBV awareness messages	329,423	98%
People trained on GBV-related topics	1,205	82%

YOUTH SERVICES

	TOTAL	% FEMALE
People trained on youth-related topics	366	73%



97

PRIMARY HEALTHCARE FACILITIES*



37

WOMEN AND GIRLS SAFE SPACES



19

EMERGENCY OBSTETRIC CARE FACILITIES



14

YOUTH CENTRES



99

MOBILE CLINICS



71

OTHER SERVICE DELIVERY POINTS

* Above figures reflect fully-supported service-delivery points. Inside Syria, an additional 638 primary healthcare facilities are being partially supported through the Ministry of Health.

“ WE AS WOMEN SIMPLY DO NOT FEEL SAFE ANYMORE. MANY OF US DO NOT EVEN FEEL SAFE IN OUR OWN HOMES, WITH OUR OWN FAMILIES, WHILE OTHERS FEAR BEING KIDNAPPED, RAPED, OR KILLED.

– MARIAM, a woman from Aleppo

“THEY TRUST OUR STAFF AND BENEFIT FROM THE SERVICES BEING DELIVERED”

AMIDST GROWING NEEDS, WOMEN AND GIRLS IN DEIR-EZ-ZOR INCREASINGLY RELY ON THE SERVICES PROVIDED AT UNFPA-SUPPORTED FACILITIES.

“Seeing the people we serve regularly returning to our facilities tells us that they trust our staff and benefit from the services being delivered,” says Dr. Marah.

Dr. Marah is an extremely hardworking woman. In addition to being a gynaecologist at two of UNFPA’s key health facilities in Deir-ez-Zor, she recently became the mother of a 10-month-old girl – an experience that reinforced her commitment to delivering sexual and reproductive health services to women and girls in need.

‘Patients are also constantly complimenting the good reception and quality services being provided, which only inspires us to further improve our work’

Despite the enormous responsibilities she and her team shoulder, particularly in light of the growing needs throughout the community, they continue to prioritise creating a safe, welcoming environment for their patients, many of whom rely exclusively on the services they provide.

“Patients are also constantly complimenting the good reception and quality services being provided, which only inspires us to further improve our work and make a difference in the lives of women in need,” she added.

Dr. Marah’s routine is fairly busy. During the first eight hours of the day, she consults with the women and adolescent girls who visit the UNFPA-supported clinic in the Qusur neighbourhood of Deir-ez-Zor, which serves an average of 30 patients per day. She also spends around 200 hours every month serving patients at the National Hospital of Deir-ez-Zor, and she gives the rest of her time to her baby and family.

“Our work is not easy at all,” reflects the doctor. “To do this, we need to practise patience and mindfulness – and to practise compassion and love.”

Aside from performing medical examinations and distributing medicines to patients, Dr. Marah leads a team of five; a nurse, a midwife, psychosocial support specialist, a case management worker, and a social adviser. Together, they provide an integrated service package that helps guarantee the health and well-being of women and girls in the community. “I love my team because they are all active and consistently try to find ways to make our work better, easier, and more comfortable.”

The health infrastructure throughout Deir-ez-Zor had been severely impacted after more than a decade of conflict, with most health facilities either partially or completely destroyed. As a result, a wide range of health services and medicines are no longer available or have since become too expensive for most of the population. Recent years have also seen the Syrian economy enter a state of freefall, which has further exacerbated the problem.

‘To do this, we need to practise patience and mindfulness – and to practise compassion and love’

Overcrowding has become one of the most daunting challenges facing the doctor and her team. “It simply harms everyone involved in the process; it exhausts the staff and resources of our facilities, and can ultimately harm the quality of care being provided despite our best efforts.”

In response to this deteriorating situation, UN agencies and other humanitarian actors have attempted to scale up efforts to improve access to healthcare, either by establishing new health facilities or rehabilitating those with partial damage.

‘[overcrowding] simply harms everyone involved in the process; it exhausts the staff and resources of our facilities, and can ultimately harm the quality of care’

UNFPA has established five stationary clinics and three satellite points in three districts of Deir-ez-Zor, in addition to deploying 11 medical mobile teams to serve remote villages in the countryside. These UNFPA-supported health facilities provide women and adult girls with a plethora of essential and life-saving reproductive health services, including antenatal and postnatal care, family planning, and interventions to prevent or respond to gender-based violence.

“The health services being provided by various humanitarian actors, including our clinic, are vital for the population, especially in light of the difficult economic conditions,” added Dr. Marah.



TÜRKIYE CROSS-BORDER

ENSURING THAT ALL COMMUNITIES INSIDE SYRIA HAVE ACCESS TO QUALITY SEXUAL AND REPRODUCTIVE HEALTH AND GENDER-BASED VIOLENCE SERVICES.

118,418

PEOPLE REACHED WITH REPRODUCTIVE HEALTH SERVICES

96% FEMALE

4,548

PEOPLE WITH DISABILITIES REACHED WITH VARIOUS SERVICES

91% FEMALE

99,137

PEOPLE REACHED WITH GENDER-BASED VIOLENCE SERVICES

77% FEMALE

23,672

ADOLESCENT GIRLS SUPPORTED THROUGH VARIOUS PROGRAMMES

6,757

PEOPLE PROVIDED WITH CASH & VOUCHER ASSISTANCE

80% FEMALE

3,697

PEOPLE TRAINED ON VARIOUS TOPICS

69% FEMALE

REPRODUCTIVE HEALTH

	TOTAL	% FEMALE
Family planning consultations	14,944	99%
Normal and assisted vaginal deliveries	15,140	100%
C-Sections	4,473	100%
Ante-natal care consultations	69,547	100%
Post-natal care consultations	34,338	100%
People trained on SRH-related topics	360	89%

GENDER-BASED VIOLENCE

	TOTAL	% FEMALE
People provided with GBV case management	1,761	97%
People reached with GBV awareness messages	74,229	71%
People trained on GBV-related topics	3,337	67%



10

PRIMARY HEALTHCARE FACILITIES*



16

WOMEN AND GIRLS SAFE SPACES



10

EMERGENCY OBSTETRIC CARE FACILITIES



2

MOBILE CLINIC

“ BEFORE ATTENDING THE TRAINING ORGANISED BY UNFPA AND ITS PARTNER, I HAD NO IDEA HOW TO PROVIDE HEALTHCARE AND TREATMENT TO SURVIVORS OF VIOLENCE.

– MONA, a midwife from north-western Syria

IN NORTH-WESTERN SYRIA, UNFPA CONTINUES TO RESPOND TO ONGOING DISPLACEMENTS, HOSTILITIES, AND EXTREME CONDITIONS

AS COLDER WINTER MONTHS SET IN, UNFPA IS FOCUSING ON PREPAREDNESS, PARTICULARLY IN LIGHT OF THE ONGOING CHOLERA OUTBREAK IN SYRIA.

In preparation for colder winter months, during which the need for emergency preparedness significantly increases, UNFPA has initiated the process for procuring 70,000 dignity kits to address the basic protection needs of women and girls and enhance access to information and services. Additionally, as the sole provider of SRH medicines and supplies in north-western Syria, UNFPA continued to tranship essential goods and supplies through the Bab-Al-Hawa crossing-point. These critical actions are contributing to pre-positioning essential supplies and goods in the area ahead of the vote on the UN Security Council 2642 authorising cross-border humanitarian access through Türkiye.

Meanwhile, following the outbreak of cholera, the overall health situation in north-western Syria continued to worsen, with October seeing 209 confirmed cases and three cholera-related deaths. In line with the guidance of the SRH Technical Working Group and the Cholera Task Force, UNFPA-supported facilities initiated the establishment of triage areas and oral rehydration points to enhance early detection of cholera cases and timely access to adequate medical treatment. Community health workers continued to share targeted messages on sanitation, rehydration, and the importance of promptly seeking treatment at the closest health facility.

This recent outbreak of cholera has compounded the complex humanitarian situation caused by more than a decade of prolonged crisis, with an increasing number of people in dire need of urgent humanitarian assistance.

“ I’VE NEVER FELT THIS SAFE EXPRESSING MY PERSONAL THOUGHTS.

– HUDA, a girl from north-western Syria, upon using the “I Am A Rebel Girl” journal in Arabic

UNFPA also marked Breast Cancer Awareness Month during October, with three UNFPA partners launching breast cancer campaigns aimed at increasing awareness, early detection, and treatment of this disease.

Partners also engaged 3,194 adolescent girls through targeted awareness-raising activities to build their knowledge and understanding of different forms of violence, including emerging forms of technology-facilitated gender-based violence. One of the most impactful initiatives in this regard, co-designed with the UNFPA Regional Humanitarian Hub for Syria and the Arab States, was the piloting of the “I Am A Rebel Girl” journal in Arabic, which saw adolescent girls collaborating to explore the empowering art, stories, and writing prompts provided in the journal. This included discussions on various forms of gender-based violence experienced by girls in emergency and humanitarian settings.

Moreover, in an effort to promote further local ownership and strengthen capacities, UNFPA increased the number of supported grassroots women-led organisations in north-western Syria from 15 to 20. This will facilitate the tailoring of gender-based violence and SRH services and referrals to the needs on the ground and support women in promoting change at the local level, which is key to promoting sustainability and resilience. These interventions are also contributing to better outreach to marginalised and vulnerable individuals at the community level.

In the words of Rania, a midwife working in north-western Syria

“Virginitv testing is becoming a widespread practice in north-western Syria. UNFPA is increasing awareness among medical staff about its negative impacts on women and girls’ lives.

“I have been working as a midwife in a small clinic close to Idleb for a long time, and virginitv testing was not really considered a regular practice in the past. In recent years, however, it has become more and more widespread. A few days before the wedding, the groom and his family come to the clinic and ask medical staff to confirm the virginitv of the future bride. If she ‘fails’ the test, the consequences can vary from shame to violence, including so-called ‘honour’ killings.

“I’ve listened to many stories of girls who were abandoned or even killed just before their wedding as a result of a virginitv test. One story in particular had a significant impact on me: a young girl killed by her own brother because she was accused of having lost her

virginitv. However, his rage did not end with the murder of his sister; one day, he was standing waiting in line at a bakery to buy bread for his family when a neighbor reminded him that his sister was “impure.” He reacted by pulling out a pistol and injuring five people standing in the line. His actions caused pain and grief not only to his own family but across the whole community.

“If she ‘fails’ the [virginitv] test, the consequences can vary from shame to violence, including so-called ‘honour’ killings’

“In the past, I never really questioned this practice. I thought virginitv testing was a way to protect brides-to-be from violence, including murder. Only after attending UNFPA’s training on the clinical management of rape, which included explanation on the virginitv testing protocol that is in place for the response, did I realise how improper it is to conduct this examination since it can cause physical, psychological, and societal harm. More importantly, it produces imprecise results with a large margin of error.

‘after reassuring her that everything will be okay, I talked to her family members. I explained that this procedure is not only dangerous but also unethical’

“My medical practice has also evolved. For instance, one day, I was asked to examine a girl before her wedding by her mother and future mother-in-law. I could see that the young girl was terrified and nervous. I took a deep breath and, after reassuring her that everything will be okay, I talked to her family members. I explained that this procedure is not only dangerous but also unethical.

“Additionally, I explained that the results cannot prove the virginitv of the bride-to-be and had no medical value whatsoever. After a few minutes of hesitation, the family agreed and decided to forego the test. I also informed them about the psychosocial support and case management services available, which can help the bride-to-be cope with the anxiety and fear experienced.”



TÜRKIYE COUNTRY OFFICE

WITH THE HIGHEST NUMBER OF SYRIAN REFUGEES IN THE CRISIS REGION, TÜRKIYE CONTINUES TO PROVIDE MUCH-NEEDED ASSISTANCE TO DISPLACED SYRIANS THROUGHOUT THE COUNTRY.

82,146

PEOPLE REACHED WITH REPRODUCTIVE HEALTH SERVICES

82% FEMALE

7,602

PEOPLE WITH DISABILITIES REACHED WITH VARIOUS SERVICES

56% FEMALE

57,419

PEOPLE REACHED WITH GENDER-BASED VIOLENCE SERVICES

78% FEMALE

12,218

ADOLESCENT GIRLS SUPPORTED THROUGH VARIOUS PROGRAMMES

18,299

YOUNG PEOPLE ENGAGED THROUGH VARIOUS ACTIVITIES

85% FEMALE

5,799

LGBTQI+ INDIVIDUALS SUPPORTED THROUGH VARIOUS SERVICES

775

PEOPLE PROVIDED WITH CASH & VOUCHER ASSISTANCE

49% FEMALE

4,869

PEOPLE TRAINED ON VARIOUS TOPICS

69% FEMALE

REPRODUCTIVE HEALTH

	TOTAL	% FEMALE
Family planning consultations	27,737	90%
Ante-natal care consultations	13,609	100%
Post-natal care consultations	8,318	100%
People trained on SRH-related topics	1,031	63%

GENDER-BASED VIOLENCE

	TOTAL	% FEMALE
People reached with dignity kits	21,050	93%
People provided with GBV case management	2,204	67%
People reached with GBV awareness messages	39,434	82%
People trained on GBV-related topics	2,025	64%

YOUTH SERVICES

	TOTAL	% FEMALE
People trained on youth-related topics	1,813	81%



4

WOMEN AND GIRLS SAFE SPACES*



4

YOUTH CENTRES



14

OTHER SERVICE DELIVERY POINTS

* Safe Spaces in Türkiye are providing an integrated response to refugees in need, including both gender-based violence and sexual and reproductive health services in the same facility.

“ THESE DAYS WHEN I FEEL THE LOSS OF MY MOTHER, I FEEL THE SUPPORT OF THE WOMEN HERE, AND I FEEL BETTER.

– RIMA, a Syrian woman from Raqqa, who accessed services at a UNFPA-supported Safe Space in Türkiye

IN TÜRKIYE, UNFPA CONTINUES TO CHAMPION THE RIGHTS AND WELL-BEING OF MARGINALISED COMMUNITIES.

AS TÜRKIYE CONTINUES TO FACE A MOUNTING ECONOMIC CRISIS, UNFPA IS COMMITTED TO WORKING WITH GOVERNMENT AND LOCAL PARTNERS TO ENSURE THAT WOMEN AND GIRLS ARE NOT LEFT BEHIND.


In light of the declining economic conditions in Türkiye and inflation reaching its peak during the last two years, refugees and migrants in the country continue to experience hardships accessing services, including registration, with a lack of or inadequate information and delays cited as the main challenges. This is highlighting the need for continued advocacy with the Presidency of Migration Management (PMM), responsible for overall migration and international protection affairs in Türkiye.

Through 22 service units, UNFPA continues to provide sexual and reproductive health and protection services to people in need, including services designed to prevent and respond to gender-based violence.

In addition, the supported service units also provide awareness-raising sessions on GBV and SRH topics, along with empowerment and social cohesion activities.

Meanwhile, UNFPA partnered with UNICEF, UN Women, and the Aydın Doğan Foundation to celebrate International Day of the Girl Child on October 11, with a focus on encouraging girls to stand up for their rights and become change-makers in their communities. The event provided a multi-sectoral platform to highlight the value of investing in adolescent girls, garnering interest from civil society, the private sector, donors, public officials, academics, opinion leaders, and children.

UNFPA partners also marked the day by conducting awareness-sessions for adolescent girls and their parents on various topics, including children's rights, child and forced marriage, puberty, gender equality, and gender-based violence. In addition, the UNFPA-supported centres organised different events targeting adolescent girls, such as social cohesion activities that brought girls together with their peers from host communities and film screenings designed to promote awareness on health and other topics.

 **THE SUPPORT I RECEIVED AT THE SAFE SPACE SIMPLY CHANGED THE COURSE OF MY LIFE.**

— BANA, a Syrian woman living in Turkey



Crossing the difficult road with Mariam

“During the worst of it, my mental health suffered greatly,” explains Mariam, a Syrian refugee living in Türkiye.

A survivor of intimate partner violence, Mariam had arrived in Turkey in 2016 with her husband and four children — a boy, who is diagnosed with autism, and three girls.

Since leaving Syria, her relationship with her husband had become progressively worse, particularly in light of the unhealthy environment he had created for their daughters. He subscribed to patriarchal ideas that consistently led to restrictions on their rights and movements, in addition to subjecting them to serious domestic abuse.

The girls, who were forced to wear headscarves at a young age, were also performing poorly at school and faced the prospect of expulsion, which horrified Mariam. It was at the peak of uncertainty that Mariam learned about the UNFPA-supported facility in her neighbourhood, where health mediators conduct awareness sessions on autism. On her first visit, she asked for support for her son,

taking the time to learn about all of the available services. She also asked to receive psychological support to address the difficulties she has been facing at home.

‘He subscribed to patriarchal ideas that consistently led to restrictions on their rights and movements, in addition to domestic abuse’

An initial examination revealed that her mental health was suffering due to the violence and pressures her family had been facing. She had symptoms of insomnia, physical pain, depression, low self-esteem, and anxiety. The fact that she had no income of her own meant that she was reliant on the financial support of the male members of her family as well as humanitarian assistance, which significantly limited the choices available to her.

After speaking to the staff, Mariam was eager to learn more about gender-based violence and the rights available to her in Türkiye. She wanted to learn how to report the violence she was experiencing and what steps to take to protect her children from harmful situations.

After she and her daughters attended several psychosocial support sessions, their state of mind significantly improved, as did their overall sense of self-worth. The centre staff also referred Mariam to another UNFPA partner, where she could receive support enrolling her autistic child in a school for people with disabilities.

During the awareness-raising activities she attended at the centre, Mariam increasingly expressed her desire to end the cycle of violence and provide a more stable environment for her children. At the same, conditions at home kept worsening, to a point where she stopped visiting the centre altogether for over two months. When she was invited for a follow-up session at the centre, the staff were delighted to learn that she had ultimately decided to get a restraining order

against her husband, having finally reached the limits of her patience.

“We are very well and very happy now,” she explains. “I started to feel strong, made many friends at the centre, and received support to pursue the life I wanted for my family.”

‘I started to feel strong, made many friends at the centre, and received support to pursue the life I wanted’

Mariam had also chosen to prioritise the safety and well-being of her children and initiated the process to divorce her husband, despite the economic uncertainties that came with such a decision. “I feel very lucky to have met the staff at the centre. I could not have taken these steps if it weren't for their support.”

LEBANON COUNTRY OFFICE

UNFPA CONTINUES TO ADAPT ITS PROGRAMMES TO PROVIDE LIFE-SAVING SERVICES TO PEOPLE IN NEED, WITH A FOCUS ON WOMEN AND GIRLS.

69,709

PEOPLE REACHED WITH REPRODUCTIVE HEALTH SERVICES

100% FEMALE

28,858

PEOPLE REACHED WITH GENDER-BASED VIOLENCE SERVICES

91% FEMALE

3,023

PEOPLE PROVIDED WITH CASH & VOUCHER ASSISTANCE

100% FEMALE

1,566

PEOPLE WITH DISABILITIES REACHED WITH VARIOUS SERVICES

100% FEMALE

10,145

ADOLESCENT GIRLS SUPPORTED THROUGH VARIOUS PROGRAMMES

3,871

LGBTQI+ INDIVIDUALS SUPPORTED THROUGH VARIOUS SERVICES

2,045

PEOPLE TRAINED ON VARIOUS TOPICS

98% FEMALE

REPRODUCTIVE HEALTH

	TOTAL	% FEMALE
Family planning consultations	7,719	100%
Ante-natal care consultations	827	100%
Post-natal care consultations	3,666	100%
People trained on SRH-related topics	807	100%

GENDER-BASED VIOLENCE

	TOTAL	% FEMALE
People reached with dignity kits	32,726	100%
People provided with GBV case management	365	96%
People reached with GBV awareness messages	8,274	84%
People trained on GBV-related topics	1,216	96%

YOUTH SERVICES

	TOTAL	% FEMALE
People trained on youth-related topics	22	100%



15

PRIMARY HEALTHCARE FACILITIES



8

WOMEN AND GIRLS SAFE SPACES



7

MOBILE CLINICS

In October, UNFPA continued to respond to the outbreak of cholera in the country, which poses a particular risk to pregnant and lactating women (PLW). As has been proven effective in previous health crises, including the COVID-19 pandemic, UNFPA focused on constructive communication, leveraging its position as Chair of the Reproductive Health Sub Working Group to disseminate essential awareness messages on cholera during pregnancy. In addition, the network of midwives established in partnership with the Lebanese Order of Midwives (LOM) continues its interventions to promote COVID-19 vaccination among PLW.

During October, UNFPA also responded to the needs of the 95 families impacted by the fire that broke out in an informal settlement in Aarsal, which included 380 women and girls. The families were provided with 410 dignity kits that contain essential hygiene items, including sanitary pads and supplies. Pregnant women in need were provided with midwifery care and medical consultations by UNFPA-supported mobile teams.

JORDAN COUNTRY OFFICE

WITH 1.3 MILLION SYRIANS NATIONWIDE, UNFPA IN JORDAN CONTINUES TO PROVIDE ESSENTIAL SERVICES TO REFUGEES AND HOST COMMUNITIES NATIONWIDE.

89,124

PEOPLE REACHED WITH REPRODUCTIVE HEALTH SERVICES

99% FEMALE

1,310

PEOPLE WITH DISABILITIES REACHED WITH VARIOUS SERVICES

98% FEMALE

52,384

PEOPLE REACHED WITH GENDER-BASED VIOLENCE SERVICES

87% FEMALE

8,339

ADOLESCENT GIRLS SUPPORTED THROUGH VARIOUS PROGRAMMES

8,446

YOUNG PEOPLE ENGAGED THROUGH VARIOUS ACTIVITIES

62% FEMALE

458

PEOPLE TRAINED ON VARIOUS TOPICS

76% FEMALE

214

PEOPLE PROVIDED WITH CASH & VOUCHER ASSISTANCE

100% FEMALE

REPRODUCTIVE HEALTH

	TOTAL	% FEMALE
Family planning consultations	15,564	100%
Normal and assisted vaginal deliveries	1,165	100%
Ante-natal care consultations	30,650	100%
Post-natal care consultations	4,106	100%
People trained on SRH-related topics	153	99%

GENDER-BASED VIOLENCE

	TOTAL	% FEMALE
People provided with GBV case management	2,068	93%
People reached with GBV awareness messages	28,959	83%
People trained on GBV-related topics	129	91%

YOUTH SERVICES

	TOTAL	% FEMALE
People trained on youth-related topics	176	44%



16

PRIMARY HEALTHCARE FACILITIES



19

WOMEN AND GIRLS SAFE SPACES



1

EMERGENCY OBSTETRIC CARE FACILITY



1

YOUTH CENTRE



1

MOBILE CLINIC

“ I FELL TO THE FLOOR AND BURST INTO TEARS, AND I SIMPLY RECALL MYSELF PLEADING FOR PROTECTION. THE ANXIETY HAD REACHED SUCH DEEP LEVELS THAT IT MADE ME FEEL OVERWHELMED.

– SALMA, who recently received gender-based violence support at a UNFPA-supported facility in Jordan

IRAQ COUNTRY OFFICE

IN IRAQ, UNFPA CONTINUES TO PROVIDE ESSENTIAL SUPPORT TO MORE THAN 316,000 SYRIAN REFUGEES AS 1.2 MILLION PEOPLE REMAIN DISPLACED NATIONWIDE.

12,320

PEOPLE REACHED WITH REPRODUCTIVE HEALTH SERVICES

100% FEMALE

315

PEOPLE WITH DISABILITIES REACHED WITH VARIOUS SERVICES

99% FEMALE

3,033

PEOPLE REACHED WITH GENDER-BASED VIOLENCE SERVICES

91% FEMALE

1,294

ADOLESCENT GIRLS SUPPORTED THROUGH VARIOUS PROGRAMMES

332

YOUNG PEOPLE ENGAGED THROUGH VARIOUS ACTIVITIES

49% FEMALE

62

PEOPLE TRAINED ON VARIOUS TOPICS

52% FEMALE

REPRODUCTIVE HEALTH

	TOTAL	% FEMALE
Family planning consultations	15,051	100%
Normal and assisted vaginal deliveries	374	100%
C-Sections	94	100%
Ante-natal care consultations	13,090	100%
Post-natal care consultations	3,145	100%

GENDER-BASED VIOLENCE

	TOTAL	% FEMALE
People reached with dignity kits	343	100%
People provided with GBV case management	107	100%
People reached with GBV awareness messages	15,773	83%
People trained on GBV-related topics	2	100%



9

PRIMARY HEALTHCARE FACILITIES



9

WOMEN AND GIRLS SAFE SPACES



1

EMERGENCY OBSTETRIC CARE FACILITY



1

YOUTH CENTRE



1

GBV MOBILE TEAM

Despite three years of relative stability and an ongoing transition from a humanitarian emergency response toward one rooted in recovery and development plans, displaced populations in Iraq continue to have humanitarian needs.

The socio-economic situation remains fragile despite an expansion in the government's fiscal space. Furthermore, the political and security environment remains unpredictable. Iraq generously hosts over 300,000 refugees and asylum-seekers, mostly Syrians (over 260,000) residing in the Kurdistan Region of Iraq (KRI), with limited immediate prospects for return. Over 60 percent of Syrian refugees reside in urban areas, while the rest reside in nine refugee camps and one transit centre.

Moreover, some 1.2 million Iraqis remain internally displaced, while five million have returned. Around 180,000 people are currently living in 26 camps for internally displaced persons, 25 of which are located in KRI and one – Jeddah 5 – in Federal Iraq. Many families continue to face security and protection risks, lack of local integration opportunities, limited livelihood opportunities in areas of displacement and return, and lack of civil documentation. Many face significant barriers to return, especially those with a perceived affiliation to extremist groups.

In line with the humanitarian community's transition efforts, interventions are aimed at enhancing displaced populations' self-reliance and socio-economic inclusion in public systems and development programmes. Support is also provided to public institutions to deliver basic services to all populations affected by forced displacement and vulnerable host communities.

UNFPA Iraq CO continues to provide sexual and reproductive health services in refugee camps through experienced and professional medical staff. Reproductive health services include antenatal care, family planning consultation, postnatal care, gynaecological consultations, and referral pathways to secondary hospitals for normal delivery, caesarian sections, and complication cases.

UNFPA also continues to provide services designed to prevent and respond to gender-based violence, including awareness-raising sessions, case management, referrals, follow-ups, training programmes for adolescent girls, male engagement sessions, and vocational/recreational activities.

Moreover, in an effort to scale up its efforts to empower women and girls, UNFPA is launching sustainable livelihood programmes designed to assist the most vulnerable unemployed women and girls who live without shelter, food, and other basic living necessities. UNFPA aims to provide women and girls with the resources they need to earn their way out of poverty, build better lives for themselves and their families, and exercise greater agency over their lives and choices.

EGYPT COUNTRY OFFICE

UNFPA EGYPT CONTINUES TO PROVIDE ASSISTANCE TO SYRIAN REFUGEES IN THE COUNTRY, WITH A FOCUS ON WOMEN AND GIRLS.

165,218

PEOPLE REACHED WITH REPRODUCTIVE HEALTH SERVICES

100% FEMALE

1,354

PEOPLE TRAINED ON VARIOUS TOPICS

93% FEMALE

7,927

PEOPLE REACHED WITH GENDER-BASED VIOLENCE SERVICES

96% FEMALE



10

WOMEN AND GIRLS SAFE SPACES

81

YOUNG PEOPLE ENGAGED THROUGH VARIOUS ACTIVITIES

100% FEMALE



9

MOBILE CLINIC

21

PEOPLE WITH DISABILITIES REACHED WITH SPECIALISED SERVICES

90% FEMALE

1,301

ADOLESCENT GIRLS SUPPORTED THROUGH VARIOUS PROGRAMMES

REPRODUCTIVE HEALTH

	TOTAL	% FEMALE
Family planning consultations	345,371	100%
Ante-natal care consultations	709	100%
People trained on SRH-related topics	1,354	93%

GENDER-BASED VIOLENCE

	TOTAL	% FEMALE
People reached with dignity kits	199	100%
People provided with GBV case management	882	95%
People reached with GBV awareness messages	2,367	93%

'I feel less fearful and able to defend myself'

When Sarah first moved from Syria to Egypt in 2013, she was barely nine years old. Like many girls who grew up in the midst of the crisis, she and her family had lived through unimaginably difficult times, marked by poverty, uncertainty, and impossible choices.

As a girl and the eldest of four children, Sarah was often obliged to put her siblings' interests ahead of her own, which often led her to neglect her needs. She was also being subjected to multiple forms of gender-based violence, which had a significant impact on her ability to build healthy relationships and express herself freely. Fortunately, Sarah's grandmother, who had been attending activities at a UNFPA-supported Safe Space in the area, decided to introduce her granddaughter to the space and the many services available to her. After meeting with the case managers at the space, she was encouraged to participate in the theatre training sessions being offered, where she met other women and girls suffering through similar challenges.

"I actively participated in theatre training, which helped me express myself without fear and become a vital member of a team," explains Sarah. "I also participated in various other activities like self-defence workshops, dance therapy, and yoga, all of which proved immensely helpful."

Now 18 years old, Sarah started her first year in college this year. The Safe Space continues to serve as a vital source of support on her journey to reach her full potential. "It was hard for me to have healthy relationships," reflects Sarah. "I was scared and lonely, but all the Safe Space staff supported me and it really changed the way I see myself and how I deal with people. I feel less fearful and able to defend myself."



COORDINATION UPDATES

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

Whole of Syria

During October, the Whole of Syria Protection Cluster and AoRs held a three-day on-line sector retreat, during which the Whole of Syria and Hub coordinators and IMO's participated to discuss, agree on, and operationalize multiple strategies. These included the HPC process, the review of HNO assessment findings, information management challenges, localisation, early recovery, and advocacy.

The ISG organised an online HNO workshop in which all Whole of Syria sectors and AoR coordinators presented their main findings. In comparison with other years, and thanks to the support of the Whole of Syria GBV AoR, more sectors have adopted a gender lens for specific areas of enquiry during the data gathering exercise. This has produced findings that better inform about needs and specific conditions of women and girls in Syria.

At the end of the workshop, the IS Group worked together to identify common HNO messages and priorities to inform the Humanitarian Response Plan 2023. HNO messages mostly relate to the intensification of conflict in specific geographical areas and the impact on civilians; the increasing needs of affected population and limited access to basic services; the impact of economic crises and the increase of people in need of humanitarian assistance; the decreased ability to meet basic needs; the rise in negative coping mechanisms, including early marriage; and the value of the cross-border resolution.

On October 31, the "Sector Defense" event took place, during which each Whole of Syria sector and AoR coordinator reviewed the impact of their interventions in 2022 and their proposed interventions for 2023. Each sector presented humanitarian needs and priorities based on HNO assessment findings and provided details on how the sector will deliver the assistance in 2023, including through strategic inter-sectoral collaborations. The GBV AoR strategy embraces GBV prevention, response, and risk mitigation through specialised interventions and strategic collaborations with WASH, health, nutrition, FSA, and education.

Meanwhile, the Whole of Syria WoS GBV AoR finalised the second draft of the 2023 *Voices from Syria* report, in which more information coming from the MSNA and Protection Sector Assessment has been

included and updated. Moreover, the recruitment of the Awareness Raising Toolkit adaptation consultant was also finalised, and the consultant will focus on contextualising and rolling out the toolkit in Iraq as well as on training GBV partners in Yemen.

In line with the Regional Adolescent Girls Framework, the consultant travelled to Egypt to conduct a consultation with key stakeholders, including, and most importantly, with adolescent girls. Additionally, most of the data gathering, including key informant interviews with UNFPA and partners and focus group discussions with adolescent girls, has been completed. The discussions with adolescent girls were organised in seven countries in the region and were facilitated by UNFPA and partners after a facilitation workshop organised online and facilitated by the consultant herself.

Lastly, The Hub initiated a collaboration with the GBV Sub Cluster in Libya to develop a *Voices from Libya* report, using *Beyond Numbers* and the methodology established for the Whole of Syria as a reference.

Türkiye

In the context of the 3RP planning process for the 2023-2025 cycle, UNFPA joined the national consultations meeting of the three sectors to which it contributes, namely protection, health, and basic needs. Overall, the aim of the national consultation meetings was to review the progress on protection, health, and basic needs strategy and to discuss the main challenges faced by partners when reaching the targeted results.

During the regional meeting of Aegean Child protection and GBV sub-Working Group, UNFPA goodwill ambassador Hazal Kaya presented the results of the assessment on Menstrual Hygiene Management conducted with women and girls accessing UNFPA-supported service units, which showed that more than half of girls considered vulnerable do not have any knowledge about menstruation by the time they experience their first menstrual cycle. The report also stated that one out of every two vulnerable women and girls cannot access menstrual hygiene products because they are too expensive and have to use unhealthy options. The results of the assessment are being used

by UNFPA to design new interventions that will contribute to the reduction of period poverty among women and girls and to advocate for the right of every woman and girl to access quality SRH services.

Iraq

UNFPA Iraq continues to lead the GBV Sub-Cluster coordination efforts and acts as a provider of last resort at the national/working group levels. The GBV IMS Taskforce, GBV Case Management Working Group, Adolescent Girls' Task Force, Technology-Facilitated GBV Task Force, and GBV Strategic Advisory Group all function under the leadership of the GBV Subcluster to facilitate a well-coordinated, rapid GBV response to affected populations. The coordination structure also continues to improve data collection, enhance case management capacity of partners, develop and contextualise systems and tools, and ensure increased partnership and collaboration with UN agencies, government counterparts, INGOs, national organisations and women-led organisations.

Egypt

The GBV Sub-Working Group in Egypt held its monthly meeting in October, with the agenda focusing on the quarterly trend analysis of GBV cases being reported. As the country has not yet rolled out the GBV IMS, UNFPA conducted a simple exercise to collect GBV data from organisations that provide case management services. The presentation not only included a trend analysis of cases being reported but also some gaps and limitations identified during the data analysis, in addition to highlighting the importance of improving inter-agency GBV data management.



DONORS & PARTNERS

CURRENT DONORS

Australia, Bulgaria, Canada, Denmark, The European Commission, Finland, France, Iceland, Italy, Japan, Republic of Korea, the Russian Federation, Norway, Spain, Sweden, Switzerland, the United Kingdom, USAID's Bureau for Humanitarian Assistance (BHA), and the US Department of State Bureau of Population, Refugees, and Migration (BPRM).

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

IMPLEMENTING PARTNERS

In Syria: (MOH) Ministry of Health, (MOHE) Ministry of Higher Education, (Mosaic) for Human Relief & Dev., (ICDA) Ihsan Charity Development Association, (NFRD) Nour Foundation for Relief and Development, (SSSD) Syrian Society for Social Development, (Al Tamayouz) Altamayouz for Orphan Sponsorship, (SFPA) Syrian Family Planning Association, (Yamama) Syria Al-Yamama, (Agha Khan) Agha Khan Foundation, (ASSLS) Amelioration of Sanitary and Social Level Society, (CCA) Circassian Charity Association, (Ghiras) Ghiras Ass. for Development, (PACA) Pan Arminian Charity Association, (Sham) Al-Sham Association for Health, (BSWH) Al Bir & Social Welfare Hama, (SARC) Syrian Arab Red Crescent, (SCFAP) Syrian Commission for Family Affairs and Population, (MAC) Mar Asia, (PRCS) The Palestine Red Crescent Society, (IECD) European Institute of Cooperation and Development, (Sanad) Sanad team for development, UNDP, UNICEF, FAO, and WFP.

In Lebanon: Ministry of Public Health, Ministry of Social Affairs, Amel Association, Al Mithaq, Akkarouna, and ABAAD.

In Jordan: Institute for Family Health (IFH), Ministry of Health (MOH), Society Aid Health Jordanian (JHAS), Jordanian Women's Union (JWU), the National Council for Family Affairs (NCFA), National Women's Health Care Centre (NWHCC), Questscope, Higher Population Council (HPC), Generations for Peace (GFP), Health Care Accreditation Counsel (HCAC), International Rescue Committee (IRC), Royal Health Awareness Society (RHAS), the Jordanian National Commission for Women (JNCW), and Save the Children Jordan.

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

In Egypt: UNHCR, Ministry of Health and Population (MOHP), Ministry of Youth and Sports (MoYS), Etijah, and CARE Egypt Foundation.

In Türkiye: ASAM (Association for Solidarity with Asylum Seekers and Migrants); KAMER (Women's Centre Foundation); Eskisehir Osmangazi University; Harran University; YAHA (Youth Approaches to Health Association); PLA (Positive Living Association); Red Umbrella Sexual Health and Human Rights Association. For the service units that are under direct implementation, UNFPA is collaborating with Ankara Municipality, Sanliurfa Municipality and RASAS (Refugees and Asylum Seekers Assistance and Solidarity Association).

Türkiye Cross-Border: International Rescue Committee (IRC), Relief International (RI), Shafak, Syrian American Medical Society (SAMS), Ihsan for Relief and Development (IhsanRD), and their sub-implementing partners Women Support Association (IhsanRD), Hope Revival Organization (IRC), Relief Experts Association- UDER (IRC) and Syria Relief and Development (Relief International).

DEVELOPED BY THE
UNFPA REGIONAL
HUMANITARIAN HUB FOR
SYRIA & THE ARAB STATES



THE ESSENTIAL SERVICES BEING DELIVERED TO SYRIANS REGION-WIDE WOULD NOT BE POSSIBLE WITHOUT THE GENEROUS SUPPORT OF OUR DONORS AND PARTNERS.

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RELEVANT RESOURCES

www.unfpa.org
www.ocha.org
www.unhcr.org
<http://Syria.humanitarianresponse.info>

