

AN ANALYSIS OF THE

EVOLUTION OF GENDER-BASED VIOLENCE AND SEXUAL AND REPRODUCTIVE HEALTH SERVICES WITHIN THE SYRIA CRISIS RESPONSE

2017 — 2020

UNITED NATIONS POPULATION FUND / REGIONAL SYRIA RESPONSE HUB



Despite the pain that I and many like me have been through, I still believe in the possibility of a better world.

— LAYALI, an adolescent girl from Qamishli,

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At first, I mainly came for the company. The more I spent time at the safe space, the more I looked forward to the awareness sessions all day because that is where I felt at home. Even after everything I have experienced, the simple idea of a place where I could be myself changed a lot for me.

— YARA, an adolescent girl from Aleppo, Syria



WITH A FOCUS ON
THE WHOLE OF SYRIA, JORDAN,
LEBANON AND IRAQ

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FOREWORD

Since the onset of the crisis in 2011, UNFPA has been on the ground, coordinating a harmonious response that has worked to address two key components within any humanitarian context: ensuring that the sexual and reproductive health of those in need are met, and protecting women and girls from the risks and consequences of gender-based violence. Over the years, responses across both components have evolved considerably, with numerous lessons learned that could potentially benefit responses to other crises. This report captures this evolution, distilling its multifaceted details into simple, applicable recommendations to all stakeholders within the humanitarian sector.

During the development of this report, the UNFPA Regional Syria Response Hub of the Arab States Regional Office — sought the expertise of a research consultant, Alexia Nisen, whose support and insights were invaluable to its successful completion. The report was also extensively reviewed by several parties involved in the response, including UNFPA staff from all countries involved (Syria, Turkey, Lebanon, Jordan, and Iraq); Jennifer Miquel, the Head of the Regional Syria Response Hub; and Fulvia Boniardi, the Regional Gender-Based Violence Specialist at the hub. Sincere gratitude also goes to Syrian women and girls throughout the region, many of whom are grappling with enormous challenges on a daily basis and yet continue to defy numerous odds to fight for their basic human rights.

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Ten years on, Syrian women and girls continue to face enormous challenging accessing their basic needs and rights, including sexual reproductive health services and protection from gender-based violence. Multiple displacements, a precarious socio-economic situation, negative coping mechanisms, change of gender roles within the families, and growing tensions with host communities have all contributed to the worsening situation. Evidence shows that the COVID-19 (COVID) pandemic has further heightened the risk of gender-based violence and sexual and reproductive health needs faced by women and girls, while impacting their access to life-saving services. Despite these challenges, progress related to gender-based violence and sexual and reproductive health service provision has been achieved by UNFPA and the gender-based violence sub-sectors/sub-clusters and sexual and reproductive health coordination groups. This paper highlights some of the key evolutions that have taken place with the hope of capturing lessons learned to inform other GBV and SRH programmes. These include:

- **Women and Girls Safe Spaces (safe spaces) are offering more diverse services**, including specialised integrated sexual and reproductive health and gender-based violence services. In 2019, UNFPA reached approximately 2.39 million people with sexual and reproductive health services and more than 1.29 million people received gender-based violence services.
- **Positive steps have been undertaken to strengthen the use of Cash and Voucher Assistance** as a cost-effective tool to prevent and respond to gender-based violence, and enhance access to services, especially in the COVID-19 context.
- **Targeted programming for adolescent girls** has evolved towards a more comprehensive approach to support adolescent girls' empowerment and decision making over their lifetimes.
- **Prevention and intervention strategies** have evolved to challenge and ultimately change social norms and harmful behaviours through structured community-based work.
- **Innovative partnerships and initiatives** have been formed to capitalise on the use of the evolution of technologies for humanitarian and development responses.
- **Management of reliable and safe gender-based violence inter-agency data** has been strengthened to inform programming, strengthen coordination and support advocacy.
- **Interventions have been adjusted to the context of the COVID-19 pandemic** in a rapid, efficient and safe manner to maintain critical access to quality services, including through remote, mobile and online modalities.

LESSONS LEARNED

A number of factors have contributed to the above positive developments:

- **Strong co-leadership in gender-based violence coordination** facilitates a harmonised response where strategic priorities are clear and limited resources are used effectively.
- **High level of commitment to investment in knowledge sharing and capacity development** of gender-based violence and non-gender-based violence specialized to better serve women and girls survivors.
- **Efforts to monitor the impact of gender-based violence and sexual and reproductive health interventions** are enhanced through outcome-related indicators and tools. This impact-related information has helped to inform programming and maximise return on investment.
- **Increased focus on the humanitarian-development nexus** has led to stronger connections between the emergency response and long-term development. For example, the strategic orientation that some of the coordination mechanisms have taken to reinforce national systems to delivery safe access to quality social services.
- **Flexible multi-year funding** has allowed for rapid adjustment of programming, as well as continuity of services, long-term prevention interventions and predictable investment in national systems.

SUMMARY

WAY FORWARD

GENERAL RECOMMENDATIONS

- **Continue investing in women and girls safe spaces** to provide protection and increase well-being.
- **Invest in guidelines** that standardise and institutionalise integrated approaches to sexual and reproductive health and gender-based violence.
- **Consider expanding the use of cash and voucher assistance** to increase access to sexual and reproductive health and gender-based violence services.
- **Further enhance targeted programming** for adolescent girls.
- **Build on, structure and harmonise disability inclusion** initiatives taken at country level.
- **Reinforce and systematise interventions** aimed at challenging harmful social norms and attitudes.
- **Continue investing in innovative partnerships** and approaches.
- **Maintain investment in qualitative data collection**, sharing and analysing as a way to inform programming, reinforce coordination and support advocacy.

FOR DONORS, DECISION MAKERS AND HUMANITARIAN LEADERSHIP

- **Support UNFPA and gender-based violence sub-sectors/sub-clusters and sexual and reproductive health coordination groups** to capitalise on progress and enhance the gender-based violence/sexual and reproductive health response through scaling-up, systematising and institutionalising impactful practices.
- Continue to prioritise the following:
 - **Comprehensive and specialised gender-based violence programmes** and sexual and reproductive health services are essential and life-saving, and all the more so in times of public health crisis such as the COVID-19 pandemic. All gender-based violence programmes, including Safe Spaces and mobile services, along with sexual and reproductive health services must be considered as basic essential services that need to be maintained.
 - **Funding dedicated to gender-based violence programmes and sexual and reproductive health services** delivery must meet the increased needs that have been brought on by the COVID-19 pandemic.
 - **Addressing gender-based violence remains a collective responsibility.** Donors, UN agencies, INGOs and local organisations, all have a role to play in mitigating this violence.
 - **Increased investment in prevention interventions** that address the root causes of gender-based violence is needed.
 - **Multi-year flexible funding needs to be increased** for gender-based violence and sexual and reproductive health sub-sectors/clusters, including to local partners. Predictability and sustainability of funding has proven to be critical to enhance quality of the response and strengthen the humanitarian-development nexus.

Even on my worst days, having these services available helped me see at least some light at the end of the tunnel. They are essential to many of us in these dire times.

— BATOUL, a survivor of domestic violence living in Domiz 1 camp, Iraq

UNFPA's mandate focuses on preventing and responding to gender-based violence, on meeting sexual and reproductive health needs, and on empowering young people, including in emergency situations.

INTRODUCTION

The conflict in Syria has generated one of the most severe and protracted humanitarian crises ever faced. Now into its 10th year, over 5.5 million refugees are still registered¹ in five neighbouring countries² and over six million people are currently displaced within Syria.³ This represents the largest displacement of population in the world.⁴

Of the people in need of humanitarian assistance in the region, 70% are women and children, and 25% are women of reproductive age.⁵ In the context of the Syria crisis, women and girls are disproportionately affected by gender-based violence, as confirmed by Humanitarian Needs Overviews (HNOs), gender-based violence rapid assessments, data collected through the gender-based violence Information Management System (gender-based violence IMS).⁶ Their precarious socio-economic situation, the negative coping mechanisms and change of gender roles within the families, and growing tensions with local communities have all placed women and girls at heightened risks of gender-based violence. Recently, global, regional and national research and assessments⁷ have extensively demonstrated the disastrous effects of the COVID-19 pandemic on women and girls' safety and security. In this specific context, ensuring safe access to quality gender-based violence and sexual and reproductive health services is critical and often life-saving for vulnerable women and girls.

UNFPA's mandate focuses on preventing and responding to gender-based violence, on meeting sexual and reproductive health needs, and on empowering young people, including in emergency situations. Within its Strategic Plan 2018-2021⁸, UNFPA is committed to three transformative results:

- **Ending preventable maternal death;**
- **Ending the unmet need for family planning;**
- **Ending gender-based violence and harmful traditional practices.**

UNFPA is also the global lead agency for gender-based violence and sexual and reproductive health in humanitarian settings and, therefore, the Chair or Co-Chair of the gender-based violence and sexual and reproductive health coordination structures in displacement and refugee contexts. UNFPA has been leading the gender-based violence and sexual and reproductive health coordination efforts.

UNFPA is ensuring the overall coordination and harmonisation of the Syria Crisis Response through the UNFPA Regional Syria Crisis Response Hub (the Hub) of the Arab States Regional Office (ASRO) based in Amman, Jordan. In the context of the crisis response, the UNFPA Regional Priorities are aligned with the Strategic Plan and reflected in the

Protection and Health Chapters of the Regional Refugee and Resilience Plan (3RP), the inter-agency plan designed to coordinate and support the efforts of the five refugee hosting countries, as well as in the Syria Humanitarian Response Plan (HRP) that covers Syria and cross-border operations into Syria. The relevant overall objectives are the following:

- **To prevent and respond to gender-based violence;**
- **Strengthening Reproductive Health services in impacted areas.**

To meet those objectives and results, UNFPA and the gender-based violence sub-sectors/sub-clusters and sexual and reproductive health coordination groups have been providing a wide range of essential and life-saving services to vulnerable women and girls, from host and displaced communities across the region. These include:

- **Comprehensive gender-based violence programmes** that include specialised services delivered through static and mobile teams, as well as women and girl spaces. In addition, UNFPA and the gender-based violence sub-sector/cluster are collaborating with the other sectors/clusters based on the "gender-based violence Minimum Standards"⁹, the "Essential Services Package"¹⁰ and the "Guidelines for Integrating Gender-Based Violence Interventions"¹¹ to promote standards of services and reduce gender-based violence risks in all sectors.
- **Comprehensive sexual and reproductive health services** that include awareness and information sharing, family planning, newborn and maternal health, clinical management of rape, provision of sexual and reproductive health commodities, but also strengthening national capacities to safely deliver sexual and reproductive health quality services (through capacity development, technical advice, knowledge management, advocacy etc).

In order to gain a better understand and capture what has worked in the gender-based violence and sexual and reproductive health responses in the region, **the UNFPA the Regional Syria Response Hub has commissioned an analysis of the evolution of the gender-based violence and sexual and reproductive health services over the past three years (2017-2020), whose methodology, main findings, recommendations and points of advocacy are the object of this report. This report captures the main finding of this analysis and highlights interesting responses and initiatives. Based on these a set of programme and policy recommendations are made to inform future gender-based violence and sexual and reproductive health programmes.**

1. See UNHCR Portal "Situation Syria Regional refugee Response", <https://data2.unhcr.org/en/situations/syria/> as of June 2020.

2. Namely Turkey, Lebanon, Jordan, Egypt and Iraq.

3. For data related to displacement inside Syria, see the advanced draft of the "Humanitarian Response Plan (HRP), Syrian Arab Republic", June 2020.

4. Regional Refugee and Resilience Plan (3RP), 2019-2020, <http://www.3rpsyriacrisis.org/> as of June 2020.

5. Regional Refugee and Resilience Plan (3RP), 2019-2020, <http://www.3rpsyriacrisis.org/> as of June 2020.

6. The Gender-Based Violence Information Management System (gender-based violence IMS) "enables humanitarian actors providing services to gender-based violence survivors to effectively safely collect, store, share and analyse reported gender-based violence incidents" (<http://www.gbvim.com>). Among the focus countries responding to the Syria Crisis, Lebanon, Jordan and Iraq are currently using the system.

7. In particular, see findings of the Rapid Assessments led by UNFPA and partners confirming exponential increase of prevalence and intensity of gender-based violence in the focus countries.

8. UNFPA, "Strategic Plan", 2018-2021. The Plan is aligned and contributes to the 2030 Agenda for Sustainable Development and its Sustainable Development Goals (SDGs), especially the SDGs 3 (Good Health and Well-Being) and 5 (Gender Equality).

9. UNFPA, "Minimum Standards for Prevention and Response to Gender-Based Violence in Emergencies", 2015.

10. UN Women, UNFPA, WHO, UNDP, UNODC "Essential Services Package for Women and Girls subject to Violence", 2015.

11. IASC, "Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action", 2015.

The world is not kind to girls. We always feel like we're doing something wrong, even when we are trying our best to be good and pursue our dreams.

— MAYA, a survivor of domestic violence living in Domiz 1 camp, Iraq

The study focused on four operations, namely Syria, Cross border operations into Syria from Turkey, Jordan, Lebanon and Iraq to illustrate the evolution of services in the Regional Syria Response.

METHODOLOGY

The overall objective of this study is to analyse and understand the evolution of gender-based violence and sexual and reproductive health services (both implemented by UNFPA and carried out by the sub-sectors/sub-clusters) in the Regional Syria Response over the past three years (2017-mid-2020), including the impact of the COVID-19 pandemic. The study takes into account recent quantitative and qualitative assessments and studies, funding levels related to programming outcomes, and captures lessons learned and good practices that have contributed to improvements that have been identified.

The analysis also aims at informing UNFPA's response by:

- **Identifying key practices to continue and expand to further enhance the gender-based violence and sexual and reproductive health response;**
- **Identifying key advocacy points on gender-based violence and sexual and reproductive health that should be addressed with decision makers.**

In order to analyse the evolution of the response from 2017 and 2020, the methodology focused on the following data sources.

- **Desk Review of relevant quantitative and qualitative resources¹² was thoroughly carried out to identify positive evolution and facilitating factors, as well as remaining areas of development;**
- **Virtual Key Informant Interviews were held in the focus countries to clarify/detail/complete the findings generated by the desk review, where needed.**

In total, 13 key informant interviews took place with seven Gender-Based Violence Coordinators/Specialists, four sexual and reproductive health Coordinators/Specialists and two monitoring and evaluation (M&E) Specialists.

Given the numerous evaluations and assessments already available – and taking into account assessments already planned for 2020 – no interviews took place with implementing partners, operational partners or beneficiaries of services. This also avoided 'over assessing' those served by UNFPA.

The study focused on four operations, namely Syria, Cross border operations into Syria from Turkey, Jordan, Lebanon and Iraq to illustrate the evolution of the gender-based violence and sexual and reproductive health services in the Regional Syria Response. The focus countries were selected by the Hub in consultation with the country operations, based on criteria of complementarity of operational contexts and interventions implemented.

12. Such as - but not limited to - the Regional Refugee and Resilience Plans (3RP), Humanitarian Response Plans (HRPs), Humanitarian Needs Overviews (HNOs), Dashboards, Annual Reports, M&E Reports, GBV IMS Reports, covering 2017-2020.

MAIN FINDINGS

Research has demonstrated that UNFPA and the gender-based violence sub-sectors/sub-clusters and sexual and reproductive health coordination mechanisms have been working towards meeting the needs identified in the region. The past three years have seen positive developments and good practices related to service provision. This section analyses the evolution of these services, underlining the rational, modalities and facilitating factors and providing useful examples.

REGIONAL OVERVIEW

The gender-based violence / sexual and reproductive health coordination groups have generally been under-funded since the beginning of the response. However, funding received at inter-agency level (through the 3RPs and the HRPs) has remained relatively stable¹³ in the focus countries over the past three years, with some countries seeing an increase in funding with others a decrease.¹⁴ UNFPA's fundraising efforts have allowed the response to secure slightly increased funding between 2017 and 2019. However, the remaining funding gap has required UNFPA and sub-sectors/clusters to define clear programmatic priorities.

Although the funds received for the gender-based violence sub-sectors/sub-clusters and sexual and reproductive health coordination mechanisms have not increased meaningfully these past years, it was found that the response has been able to scale to meet the growing needs. From 2017, UNFPA itself has been following this trend, serving more beneficiaries each year through a greater portfolio of implementing partners while operating under steady funding.

At the regional Syria Crisis level, the number of Safe Spaces, one of the key interventions across the region that ensure protection and empowerment of women and girls, has increased from 106 in 2017 to 113 in 2019. In 2019 alone, UNFPA reached approximately 2.39 million people with sexual and reproductive health services, while more than 1.29 million people received gender-based violence services throughout the region.¹⁵ The latter represents an increase of on average 25% compared to 2018. A smart rationalisation of cost, a strategy to operate through the national system, an extended geographical coverage and an increased trust within communities contributed to this achievement.

Recent access to multi-year funding has positively impacted the response.¹⁶ Recognised as a "key player" in delivering quality services to the most vulnerable women, girls and youth across the region,¹⁷ UNFPA has benefited from multi-year funding from a number of donors these past years. According to the majority of key informants, this "major break-through" allowed UNFPA to ensure continuity of

services, longer-term capacity development plan, more structured prevention interventions and predictable investment in national systems.¹⁸ However, the majority of local NGOs are facing challenges in directly receiving funds from donors. They remain mostly funded yearly by UNFPA, other UN agencies and/or INGOs and pooled funds.

In each of the four focus countries, recent evidence from multiple sources¹⁹ confirms the risks of gender-based violence faced by women and girls and, therefore, the critical importance of ensuring safe access to quality multi-sectorial prevention and response services. This has been a priority for UNFPA and the sectors/clusters across the region, with the overall goal of increasing beneficiaries' health and well-being. Gaps and shortages do remain in the range of gender-based violence services and referrals offered to women and girls at risk and survivors.²⁰ However, it was found that programmatic priorities and approaches had evolved and progressed these past three years, resulting in ongoing scale-up of the response and further enhancing the quality of services offered to the most vulnerable, despite increasingly challenging operational contexts.²¹ The main progresses identified are related to modalities of service delivery, social inclusion, gender-based violence prevention, innovation and data management.

SERVICE DELIVERY

WOMEN AND GIRLS SAFE SPACES

Lessons Learned:

- *Developing and issuing guidance on Safe Spaces ensured common minimum standards across the region.*
- *Having a standardised model of implementation and improving it over time positively impacted on the quality and type of services delivered.*
- *Multi-year funding was essential for avoiding disruption of life-saving interventions in Safe Spaces.*
- *Sustainability of the model and progressive integration in the national system remain a challenge to date.*

The Safe Spaces model constitutes one of the key strategic interventions across the region for the protection and empowerment of women and girls affected by the Syria Crisis. Guidance has been issued at regional and national levels to ensure common minimum standards across the region²² which has supported UNFPA and all gender-based violence actors to use a standardised model of

implementation that improves over time. The mobile component has proven essential to overcome barriers in accessing static safe spaces, as well as to provide direct services to hard-to-reach areas.²³

The core services offered in Safe Spaces are related to gender-based violence prevention and response. Over the years, the package of services has progressively become more comprehensive: medical (such as sexual and reproductive health, including family planning, and mental health) and legal (advice and/or representation) services, vocational training and recreational activities. Alternatively, robust referral pathways have been developed to ensure safe access to complementary quality services through Safe Spaces. Proactive engagement with other sectors of interventions (such as livelihood, food security and shelter) was critical to enlarge the scope of the services offered. Efforts are ongoing to enhance the inter-sectorial collaboration. Distribution of tailored dignity kits²⁴ during awareness and information sessions remains considered as a life-saving intervention, as well as an efficient encouragement for women and girls to seek information and services.

Assessments have demonstrated the positive impact of Safe Spaces on beneficiaries' well-being, as well as confirmed the fact that the Safe Spaces are often the only place women and girls can go to receive gender-based violence services.²⁵

"I lost my sense of isolation and improved my psychological state. My life has changed for the better, because the services supported my talents (...) and listened with complete confidentiality. This was a relief for me."

(Woman from Deir ez Zor, Syria)²⁶

Considering the life-saving character of the interventions delivered from the static and mobile Safe Spaces, accessing multi-year (or at least predictable) funding has been a key advocacy point of the gender-based violence coordination for many years.

In parallel to this evolution, a growing concern was to ensure sustainability of the model. During the first years of the response, Safe Spaces were either established outside of the pre-existing system to provide life-saving quality services in the context of acute emergencies (i.e. "from scratch") or established from pre-existing facilities in a non-sustainable fashion (i.e. run by an INGO). With the crisis having become protracted, efforts have been made to reconnect with the national system (including relevant ministries and local service providers), create ownership towards the model, develop capacity and integrate where possible the Safe Spaces into the national response.

While the coordination mechanisms have advocated for this with various key national stakeholders, the challenge also lies in the willingness and capacity of the national systems to fully take over these social services - both financially and technically. Several guidance notes have been issued at global level providing strategies to enhance the sustainability of the Safe Spaces.²⁷ On that basis, UNFPA and partners have initiated plans and pilots taking into consideration the specificities of their operation. In this context, avoiding disruption of Safe Spaces has proved paramount. Accessing

multi-year funding is an important facilitating factor to support the national system to deliver with the same level of quality and maintain trust within communities. Those initiatives have to be assessed, reinforced and systematised based on the lessons learned and good practices identified.

Highlight from UNFPA Iraq - Establishing a Comprehensive Women and Girls Centred Model

UNFPA Iraq has established a comprehensive centre providing case management, psycho-social, medical (including sexual and reproductive health and mental health), legal, recreational, and social reintegration services to women and girls at risk or survivors. The centre and the package of services it offers are now operating under the MoH umbrella within the structure of the DoH in Duhok Governance, which contributes to its sustainability. Services have been provided to over 1,500 beneficiaries.

Highlight from UNFPA from UNFPA Whole of Syria /Cross-Border Operations into Syria - Developing a Guidance on Ethical Closure in Emergencies

Considering the volatile situation in terms of funding but also changes of control in areas of operation managed through cross-border operations into Syria from Turkey and Jordan, an inter-agency practical guidance on ethical closure of GBV programming, including Safe Spaces was developed. The document aims at supporting GBV specialised service providers to develop exit strategies in their contingency plans and implement them safely in context of emergency. The objective is to minimise the negative impact of disruption of activities or unpredictable closure on the beneficiaries and communities.

AN INTEGRATED APPROACH TO SERVICES

Lessons Learned:

- *The roll-out of the "Guidelines for Integrating Gender-Based Violence Interventions", of the "Minimal Initial Service Package" supported the development of integrated approaches to gender-based violence / sexual and reproductive health.*
- *Strong collaboration and coordination between the GBV subcluster/working groups and health clusters and sexual and reproductive health coordination mechanisms supported the development of common strategies.*
- *UNFPA tested a number of different approaches over time which contributed to a stronger integration of services (i.e. providing family planning through Safe Spaces or integrated mobile teams), however a standardised approach and guidance would enhance integrated service delivery.*

13. Due to the transition towards resilience initiated in the Syria Response, some countries like Iraq have suffered recently from an overall decrease of humanitarian funds without significant increase of development funds. Whole of Syria benefited recently from a meaningful injection of humanitarian funds due to the recent security incidents and subsequent displacements.
14. It has to be noted that the appeal for funds has been slightly decreasing in each sector. However, this trend does not represent a decrease of needs.
15. This regional achievement is cumulative of the six countries covered by the Syria Hub. These services were delivered through 113 Safe Spaces, 22 Youth Centres, 31 Emergency Obstetric Care Facilities, 124 Primary Health Care Facilities and 99 Mobile Clinics supported by UNFPA. See UNFPA, "Regional Situation Report for the Syria Crisis", December 2019.
16. Although multi-year funds have been received to support the Syria Crisis Response, the HRP covering Syria and Cross-Border operations remains a yearly plan.
17. UNFPA Evaluation Office, "Evaluation of the UNFPA Response to the Syria Crisis", May 2019.
18. The need for and benefits of multi-year funding in humanitarian crisis have been raised during the 2016 World Humanitarian Summit and developed in the OECD Report, "Multi-Year Humanitarian Funding", 2017. Findings are still relevant today and were demonstrated in the context of the Syria Crisis these three past years.
19. Focus Group Discussions, Assessments, GBV IMS, Protection Monitoring among others.
20. See among others the UNFPA and UN WOMEN "Regional Mapping of GBV Services in Three Service Sectors Justice and Police, Health and Social Services" based on the UN Women, UNFPA, WHO, UNDP, UNODC "Essential Services Package for Women and Girls subject to Violence", 2015.
21. Among the changes documented these past three years are: hampered access due to volatile security situations, increasing complexity of needs and risks (including new challenging GBV trends), increasing tensions between host and displaced communities and donors' fatigue. This challenging operational context forced GBV and SRH actors to take the response to a different level, in order to raise the quality and efficiency of interventions to address the evolving needs.
22. See UNFPA, "Women and Girls Safe Spaces: Documenting Lessons Learned", 2015. On this basis, some countries have also issued their own inter-agency Checklist for Static and Mobile Safe Spaces.

23. In static WGSS, women and girls come to established centralised service locations and can access services daily. Meanwhile, mobile GBV services aim at reaching women and girls on a rotational basis who cannot access static spaces due to limited mobility, distance, insecurity or other barriers. See IRC, "Guidelines for Mobile and Remote Gender-Based Violence (GBV) Service Delivery", 2018.
24. The content of the dignity kits are developed in consultation with women and girls.
25. See among others UNFPA, "Impact Assessment Report of the UNFPA Multi-Country Response to the Syria Crisis Turkey, Syria, Lebanon, Iraq and Jordan Programs funded by SIDA", 2019.
26. Mentioned in WoS GBV Sub-Cluster and UNFPA, "Voices from Syria", 2020 (draft), page 51.
27. See the most recent GBV AoR HelpDesk, "Sustainability Strategies for Women and Girls Safe Space", 2020.

Among the main developments documented and unanimously underlined by key informants is the strengthening of integrated services through a number of innovative modalities and models. UNFPA's mandate represents an opportunity to integrate health and gender-based violence services, limiting barriers to access. Yet, during the first phase of the response, services were often siloed or limited to mutual referrals of survivors to clinical management of rape services or of women/girls at risk to service providers, as identified in the [regional evaluation of gender-based violence mainstreaming in the Syria Crisis](#). As mentioned by the majority of the key informants, the first meaningful step towards an enhanced integrated package was undertaken in 2015-2017 through the inter-agency roll-out of the ["Guidelines for Integrating Gender-Based Violence Interventions"](#). During the roll-out, the shared responsibility of gender-based violence risk mitigation was underlined and the sexual and reproductive health service providers were sensitised and trained on gender-based violence mainstreaming. The health sector/cluster (including sexual and reproductive health service providers) was technically supported²⁸ to develop an action plan including indicators, targets and/or checklist to monitor the level of mainstreaming. In addition, the roll-out of the 2015 Minimal Initial Service Package (MISP), which provides a series of actions to respond to sexual and reproductive health needs in humanitarian crisis, including in relation to gender-based violence, has also greatly contributed to the progressive enhancement of services.

Among the main developments documented and unanimously underlined by key informants is the strengthening of gender-based violence and sexual and reproductive health integrated services through a number of innovative modalities and models.

Building on these initial steps, UNFPA and partners started prioritising different models of integration across the region according to the operational specificities, and monitoring the positive impact for beneficiaries in terms of enhanced access to services. Those models include:

- Integration of gender-based violence services in Primary Health Care Centres and mobile teams delivering sexual and reproductive health services;
- Integration of sexual and reproductive health services (such as family planning information and services) in Safe Spaces;
- Partnership between gender-based violence organisations providing specialised services in mobile and static safe spaces and sexual and reproductive health service providers for joint interventions;
- Development of solid integrated referral pathways by gender-based violence partners focusing on awareness and information sharing (i.e. raising demand) and referrals;
- Implementation of comprehensive community-based integrated programmes.

Highlight from UNFPA Whole of Syria /Turkey Cross-Border - Documenting the Impact of Integrated Service Provision

In North-West Syria, over a long period, there were almost no sexual violence incidents being reported to the specialised service providers, although the high prevalence of rape and sexual assault was confirmed. While health facilities are a good entry point to identify incidents of gender-based violence, very few referrals of sexual violence were made by health service providers to specialised gender-based violence service providers. In 2018-2019, efforts were undertaken to build the awareness and capacity of health front-liners on basic principles, safe identification and referrals, as well as the clinical management of rape (CMR); to provide relevant commodities, including rape kits; and to ensure increased coordination between health and gender-based violence teams in the field. Specialised service providers started operating directly from health care facilities, in collaboration with midwives and gynaecologists. In addition to the awareness and dissemination of information at community level, these measures led to significant increase of incidents being identified by medical staff and referred to gender-based violence service providers and vice versa, with an average of almost 50%²⁹ of cases disclosed and reported in immediate need of clinical management of rape within the 72-120 hours time-frame. This experience illustrated the critical importance of integrated services in humanitarian contexts to enhance access to comprehensive services for survivors.

Ensuring the integration of gender-based violence and sexual and reproductive health services can be challenging and requires solid investment in sensitisation and capacity development from both sides, including trainings, mentoring and on-the-job coaching. The main factors allowing the integrated models to be successfully developed entail: a strong collaboration and coordination between partners who share a common understanding of the benefits of integration; a commitment to continuous learning and to investing in the national system; and a realistic sustainability plan implemented since the beginning of the project. Furthermore, research found that efforts towards an enhanced level of integration also covered areas of capacity development (such as joint trainings on Clinical Management of Rape (CMR)), knowledge management (such as development of a joint technical [Guidance Note on "Virginity Testing"](#) and a joint strategy to ensure enhanced access to CMR and sexual and reproductive health services in Whole of Syria /Turkey cross border) and policy level (such as the CMR Protocols and Internal Guidelines for MoPH to deal with gender-based violence cases in Jordan) to enhance quality service provision. As mentioned during the interview by a key informant:

"Both sub-clusters see the benefit of integrating gender-based violence and sexual and reproductive health. We integrate now systematically in everything we do, service provision, information sharing, awareness, capacity development and guidance".

For me, the thing I valued most in the safe space were the friendships I've formed. The people I've met here became more than my family.

— MARAM, a Syrian refugee from Aleppo

Ensuring the integration of gender-based violence and sexual and reproductive health services can be challenging and requires solid investment in sensitisation and capacity development from both GBV and SRH sides.

28. In Lebanon, a dedicated "Guidelines Coordinator" was hired under inter-agency (UNFPA, UNICEF, UNHCR) pooled funds to support the roll-out, increase commitment, and dissociate the accountability from the (S)GBV sub-sector.
29. According to a WoS Turkey Hub GBV Incident Report covering May and June 2019, time period where the increase of cases has been documented.

Highlight from UNFPA Lebanon - Piloting an Innovative and Sustainable GBV-SRH Response Model

UNFPA Lebanon is promoting the implementation of an integrated package where gender-based violence specialised implementing partners are encouraged to engage with a local counterpart (namely a Primary Health Care Centre (PHC) or a Social Development Centre (SDC) offering health services) in order to promote inter-linkages and mutual development and, therefore, comprehensive access to integrated services. One of the models implemented has been found particularly innovative, impactful and sustainable.

A gender-based violence specialised UNFPA partner, the Danish Refugee Council (DRC), has partnered with Al Moasat, a well-established local organisation providing subsidised health and sexual and reproductive health services from their primary health centre in South Lebanon. A wide range of gender-based violence prevention and response services was integrated into pre-existing services at the same site, which has become a safe space with two-way referrals between two co-existing service providers and joint community-based interventions. Beyond the integration of services on one site, the core objective was to integrate basic gender-based violence prevention and response service provision in the sexual and reproductive health partner's health package (one site; one service provider). Accordingly, UNFPA and DRC are building the capacity of staff over time to progressively deliver gender-based violence prevention and response interventions, such as safe identification and management of gender-based violence cases (low and medium risk) or referral (high risk cases), dissemination of information and key messages on gender-based violence (including through peer education), and proactive mainstreaming of gender-based violence risk mitigation measures. The ultimate goal of this approach is the phased exit of DRC.³⁰ A series of evaluations and assessments³¹ demonstrated the positive outcomes of the project in terms of impact and potential for sustainability.

CASH AND VOUCHER ASSISTANCE

Lessons Learned:

- Available guiding resources on cash and voucher assistance and experts dedicated to technical assistance supported the response and has led to initial research and analysis on the types of cash and voucher assistance being used/piloted in the region, the criteria/modalities applied, the lessons learned, as well as the impact.
- Further investments are needed to ensure a clear focus on the outcomes and impact of cash and voucher assistance programming.

Cash and Voucher Assistance "can support access to gender-based violence and sexual and reproductive health, and contribute to the safety, dignity and resilience of women and girls in humanitarian contexts".³² If properly used, cash and voucher assistance can be an efficient, cost-effective protection tools, mitigating the risks of harmful coping mechanisms, such as forced marriage or survival sex. Cash

and voucher assistance can also help survivors to access basic needs, such as shelter or non-food items (NFIs), in a context where they are not systematically prioritised by the other sectors. However, in the context of the Syria Crisis Response, the use of cash and voucher assistance by UNFPA and other gender-based violence actors has often remained limited, mostly through GBV specialised service providers providing cash and voucher assistance as part of their case management. Considering the unmet needs in the focus countries (exacerbated by the COVID-19 crisis), some key informants confirmed that they are now "in the process of strengthening the integration of cash and voucher assistance in gender-based violence prevention and response" and assessing the conditions under which the do-no-harm principle would be maintained. Based on the work initiated by the cash and voucher assistance Community of Practice, UNFPA should research the types of cash and voucher assistance being used/piloted in the region, the criteria/modalities applied, the lessons learned, as well as the impact that the interventions have demonstrated so far in order to inform any future initiative. To facilitate the transition, UNFPA and partners will also benefit from guidance notes on cash and voucher assistance issued at global, regional and national levels,³³ as well as from specialised human resources dedicated to technical support.³⁴

Highlight from UNFPA Whole of Syria /Turkey Cross-Border - Developing an Inter-Agency Guidance on Use of Cash in gender-based violence Response

UNFPA Whole of Syria /Turkey Cross-Border has developed an *inter-agency Guidance Note on Cash in the Framework of GBV Case Management* in order to provide technical orientations to specialised gender-based violence service providers on how to use cash efficiently.

Highlight from UNFPA Syria - Scaling up Cash Assistance

UNFPA Syria partnered with WFP to scale up the e-voucher emergency cash-based transfer mechanism targeting pregnant and lactating women (PLW) across Syria. UNFPA will provide additional top-ups using the WFP e-voucher system to support women to buy hygiene items that they may need from designated stores across Syria.

Highlight from UNFPA Lebanon - Investing in Women's Financial Education

UNFPA Lebanon has been partnering with the local NGO "Al Majmoua" to train partners to offer financial literacy training to vulnerable women, as well as to provide direct training to selected beneficiaries. In a context where income is extremely limited, the training has provided an opportunity for selected women to learn financial strategies to prioritise, and enhance their decision-making on finances at household level. Based on positive feedback received from participants and their proven increased capacity to manage their finances, this component is now part of standard training package offered to beneficiaries. It is expected that this knowledge effectively complements the use of cash and voucher assistance for gender-based violence purposes.

SOCIAL INCLUSION

ADOLESCENT GIRLS

Highlights on enablers and challenges:

- Awareness has increased on the critical importance to develop targeted programming for adolescent girls based on better understanding of their unique needs.
- Availability of technical guidance and tools, as well as strategic documents, has supported focused interventions.
- Targeted programming has amplified the voices of adolescent girls and increased engagement with their families, communities and service providers.
- Accessing the most vulnerable and overcoming the barriers to their continuous participation remains a key challenge.

Another development highlighted by each of the focus countries is the increasing targeted programming focusing on adolescent girls by UNFPA and partners. The various operations have documented extensively the unique risks, challenges and needs faced by adolescent girls in the context of the Syria Crisis,³⁵ as well as the critical importance of targeted programming to respond to those.³⁶ As mentioned in the most recent "Voices from Syria", "(...) adolescent girls were identified as a sub-population affected by various forms of violence", including early marriage, physical and emotional domestic violence, sexual violence, sexual exploitation, sexual harassment, denial of resources.³⁷ Very often, they experience more than one type of violence in this critical period of their life. Among all risks faced by adolescent girls, early or very early marriage and pregnancy (as well as the risk of being early divorced/widowed) is disproportionately high. The practice is deeply rooted and was already occurring in Syria before the crisis, as well as in some host countries. However, the context of war and displacement has exponentially exacerbated not only the level of risk, but also the modalities of marriage³⁸ and the intensity of the consequences. Moreover, evidence shows that adolescent girls have limited access to critical information and services, particularly on sexual and reproductive health. They are also facing extended restrictions on movements, participation and decision-making power. Yet, adolescent girls are too often forgotten by the humanitarian response, focusing primarily on women and children.

Highlight from UNFPA Whole of Syria /Turkey Cross-Border - Empowering Newly Wed/Pregnant Adolescent Girls through the "Young Mothers' Club"

UNFPA has partnered with CARE and Syria Relief and Development (SRD) to develop in collaboration with local Syrian NOGs based in Gaziantep, an innovative package of interventions targeting specifically newly-wed

and pregnant adolescents in North-West Syria, known as the Young Mothers' Club (YMC). Each club brings together 10 to 12 adolescent married girls and is based in one of the various service delivery points, such as Primary Health Care Centres, Community Centres, Safe Spaces and Youth Centres. The participants go through a cycle of eight sessions³⁹ delivered jointly by a gender-based violence case worker and a midwife, which provide a combination of life-skills and tailored information.⁴⁰ If gender-based violence or sexual and reproductive health activities services are not available at the YMC site, UNFPA and partners ensure that a strong referral mechanism exists with relevant service providers. Following the sessions, a few participants are selected to further build their leadership skills, serve as champions in their communities and form an "Adolescent Advisory Committee" that aims to provide recommendations to better outreach adolescent girls at risk and meet their needs. Beyond the awareness and life skills, the YMC offers a safe and supportive environment where the adolescents can find a social network to help them overcome the challenges of early motherhood. "It literally saved her life by helping her form a wider network of support (...). The club helped her change her mind; to embrace life and tap into her inner strength".⁴¹

For the first years of the Syria humanitarian crisis, the gender-based violence response and sexual and reproductive health services focused on life-saving service provision. Efforts were made at that stage to ensure adolescent-girl-friendly services and targeted messaging.⁴² With the crisis becoming protracted, initiatives in the region have focused more on adolescent girls. Research also found that all focus countries had developed and advanced an adolescent girls' agenda with different priorities and modalities these past three years,⁴³ including among others:

- Development of an [Whole of Syria Adolescent Girl Strategy](#);
- Support to the development of a Lebanon National Strategy against Early Marriage;
- Creation of dedicated coordination mechanisms under the protection of gender-based violence or country programme structures;
- Production of guidance/capacity development tools;
- Evidence gathering efforts (through gender-based violence information management systems (IMS), focus group discussions (FGDs), assessments) to collect data and the voices of adolescent girls and reflect them in the annual regional impact assessment;
- Adapting M&E tools, where UNFPA adapted its implementing partner reporting tool to include more detailed aged breakdown - such as 10-19 yrs old or to capture pregnancies of under 18 and under 15 yrs old.

All the above have helped to facilitate targeted programming and projects tailored to the specificities of each area of implementation and to the beneficiaries' priorities.⁴⁴ As

35. See the countries' HRPs and HNOs, but also WoS GBV Sub-Cluster and UNFPA, "Voices from Syria", from 2017 to 2020 and UNFPA Regional Syria Response Hub, "When Caged Birds Sing", 2018.

36. UNFPA Regional Syria Response Hub, "Unbroken: Stories of Syrian Adolescent Girls", October 2019, and UNFPA WoS, "Adolescent Girl Strategy", November 2017.

37. WoS GBV Sub-Cluster and UNFPA, "Voices 2020" (draft), in particular pages 26 to 29.

38. For instance, girls can be married earlier than in Syria, to older husbands, and/or outside of their communities.

39. Communication Skills and Pregnancy; Interpersonal Relations and Pregnancy; Critical Thinking, Danger Signs in Pregnancy, and STIs; Decision Making, Healthy Pregnancies, and Self-Care; Critical Thinking and Birth Planning and Delivery; Self-Esteem and Post-partum Family Planning; Emotional Well-being and Family Planning; Violence Prevention, Newborn Care, and Post-partum Care. See UNFPA, Care and SRD, "AMAL Initiative: Adolescent Mothers Against All Odds" January 2020.

40. For instance, the package takes into account the risks related to early pregnancy and promotes birth preparedness and planning, clean and safe delivery by skilled birth attendants and uptake of post-partum family planning.

41. UNFPA Regional Syria Response Hub, "Unbroken: Stories of Syrian Adolescent Girls", October 2019.

42. UNFPA has developed a series of interventions to reach and build trust with adolescent girls extremely reluctant to be approached by GBV-SRH service providers, such as diversifying activities (e.g. including nutrition for young mothers and babies, vocational trainings, distribution of dignity/sanitary kits etc.) and using young volunteer to disseminate key messages.

43. As reflected in the country inter-agency strategies and workplans.

44. Who are leading the design, the development and the evaluation of the programmes? The right to participate is mentioned in the Convention for the Rights of the Child, 1989. Also see benefit of participation in UNFPA Regional Syria Response Hub, "Unbroken: Stories of Syrian

30. After an expected period of three years, the project is still ongoing. Based on the UNFPA, "Women and Girls Safe Spaces: Documenting Lessons learned", 2015 and the GBV AoR HelpDesk, "Sustainability Strategies for Women and Girls Safe Space".

31. Regional Impact Assessment (2018), the RH and GBV Integrated Approach Rapid Evaluation (2019) and the partner's technical capacity assessment (2020).

32. UNFPA, "Humanitarian Cash and Voucher Assistance (CVA) Tip Sheet: CVA Overview", 2020.

33. Majority of the available guidance notes have been adapted for the context of COVID-19.

34. Such as the UNFPA Cash Advisor based at the Humanitarian Office.

mentioned by one of the key informants, the UNFPA-UNICEF “Global Programme to End Child Marriage”⁴⁵ was also used as a reference frame document to develop interventions related to preventing and responding to early marriage. Research showed that the majority of the interventions are engaging with girls at risk of gender-based violence, including early marriage. But it is worth noting that a more limited number of programmes or projects are targeting girl survivors with the aim of enhancing their protection and health, as well as recreating their social network and empowering them to lead community-based interventions (see highlight from UNFPA Whole of Syria /Turkey Cross-Border below).

Engaging with adolescent girls can be incredibly challenging due to the number of restrictions imposed by their family and/or their community. Their lack of empowerment, limited access to information and individual isolation, can further prevent them from taking part in targeted initiatives. Beyond ensuring active participation of the girls themselves, it was found that the main facilitating factor to engage adolescent girls in targeted interventions is the parallel engagement with their family and community to create buy-in and foster an enabling environment.⁴⁶ As mentioned in “Unbroken”, the recent UNFPA publication of Stories of Adolescent Girls:⁴⁷

“(…) humanitarians need to understand that the life cycles of adolescent girls are fundamentally connected to extremely complex and varied external factors, including larger familial and societal factors that can impact on their development. As such, programmes should actively work to involve parents and guardians whose support and buy-in is essential to the success of any girl-centric programme. Working with members of the wider community (…) is also vital when it comes to addressing prevalent social norms and practices that discriminate against women and girls and prevent their substantive participation (…).”

Highlight from the UNFPA Syria Response Hub and Whole of Syria — Giving a Voice to Adolescent Girls

UNFPA’s Regional Syria Hub has been supporting the implementation of the Whole of Syria [Adolescent Girl Strategy](#), through several initiatives focused at increasing adolescent girls’ participation and amplifying their voices. This has resulted, among others, in the development of specific publications dedicated to stories of adolescent girls ([When Caged Birds Sing, Unbroken](#)) and regular FGDs with adolescent girls to inform the regional annual impact assessments, and adolescent girl voices also informed the Whole of Syria Humanitarian Needs Overview and its annual analysis report, [Voices from Syria \(2017, 2018, 2019, 2020\)](#).

PERSONS WITH DISABILITIES

Highlights/Lessons Learned:

- *Growing awareness, commitment and dedicated action to ensure inclusion of people with disabilities (PWD) in services.*
- *Available guidance and tools issued at global level, including the 2018 UNFPA “Guidelines for Providing Rights-based and Gender-Responsive Services (...) for Women and Young Persons with Disabilities”.*
- *While addressing the needs of PWD has been prioritised throughout the region, implementation and funding to systematise inclusion remains ad-hoc.*

All focus countries have confirmed that efforts have been made towards an enhanced accessibility and proactive inclusion of people with disabilities in services. Inclusion of people with disabilities and other specific needs is a well-recognised priority for UNFPA and both sectors. In 2018, UNFPA has issued the [Guidelines for Providing Rights-based and Gender-Responsive Services \(...\) for Women and Young Persons with Disabilities](#). This resource provides concrete guidance to UNFPA and partners to enhance the provision of inclusive and accessible services. The key informant interviews confirmed a high level of commitment to better serve people with disabilities - in particular in terms of access, quality of services and monitoring. Yet key informants recognise that “systematic inclusion is a work in progress, requiring increased continuous investment”.⁴⁸ For instance, in recent regional impact assessments of the regional Syria crisis,⁴⁹ the degree of inclusiveness and sensitivity of the Safe Spaces towards people with disabilities and their needs was evaluated. It was found that women and girls with disabilities do access Safe Spaces and UNFPA supported services:

“When we come here, we get away from the isolation we are bound to at home. We meet new people who truly accept us and we learn new things.”

(Focus group discussion with people with disabilities in Idlib)⁵⁰

However, areas of improvements were identified:

“Focus group discussions conducted with people with disabilities clearly indicated that they desire integration at the Safe Spaces rather than having a separate programme, where they might feel excluded and which could further exacerbate stigma.”⁵¹

Assessment reports recognise that several steps have been undertaken to enhance inclusion. This analysis identified a number of initiatives targeting people with disabilities:

- Trainings for specialised service providers on how to ensure a survivor-centred approach when serving beneficiaries with disabilities;⁵²
- Assessment of infrastructures’ accessibility and adjustments;
- Revision of referral pathways to include service providers able to work with persons with specific disability;

- Engagement with CBOs and grassroots organisations working with persons with disabilities, door-to-door outreach to raise awareness share information on services;
- Friendly transportation to the service points;
- Specific indicators in implementing partners’ result frameworks/work plans;
- Systematic review of guidance, training material and IEC tools to ensure mainstreaming.

In Lebanon, the Sexual and Gender-Based Violence Task Force co-led by UNFPA received support from the Women Refugee Commission (WRC) to assess the the level of inclusion of people with disabilities, train service providers and review resources. In the Whole of Syria /Turkey Cross-Border Operation, an Inclusion Inter-Sector Working Group dedicated to disability engagement was established, to support and mainstream efforts.

Highlight from UNFPA Jordan — Development of IEC Material that is Accessible for All

UNFPA has developed IEC material accessible to persons with disabilities, such as adapted videos, simplified easy-to-read versions, or versions for the visually impaired. Following the dissemination of adapted IEC material (and parallel improvement in the access of facilities, as well as training of service providers), UNFPA has registered meaningful (15 times) increases in people with disabilities accessing their services, including specialised case management, awareness sessions, recreational and life skills activities in safe spaces. According to the 2019 GBV IMS data, the help-seeking behaviour of persons with disabilities improved significantly. In the context of the COVID-19 response, UNFPA Jordan released a video sharing information on hotlines available for survivors of domestic violence with sign language translation.

Highlight from UNFPA Jordan - “Disability Inclusion Strategic Plan

UNFPA has developed a “Disability Inclusion Strategic Plan” based on the UNFPA [Guidelines for Providing Rights-based and Gender-Responsive Services \(...\) for Women and Young Persons with Disabilities](#). The plan “provides a foundation for sustainable and transformative change towards disability inclusion throughout all pillars of UNFPA work”, including through committing the office and implementing partners to a series of measures such as access to offices, indicators, and accessibility of material issued among others. The capacity of all implementing partners will be built for the adoption of a “twin-track approach”, which aims to (1) provide gender-based violence/sexual and reproductive health activities that are targeted for persons with disabilities and (2) mainstream persons of disabilities across all aspects of their work. Finally, the GBV IMS includes “persons with disabilities” among the profile of survivors accessing services and provides monthly trends in the three focus countries where the system is implemented.⁵³ The UNFPA Jordan office issued recently a [GBV IMS Information Note focusing on the issue of access to gender-based violence services for persons with disabilities, with concrete recommendations](#).

In order to initiate a structured and harmonised effort, UNFPA should encourage the development of a “Disability Inclusion Strategic Plan” at country level based on the 2018 UNFPA Guidelines, as well as an exchange of good practices at regional level.

Highlight from UNFPA Whole of Syria - Improving Inter-Agency Tracking and Reporting on Persons with Disabilities

UNFPA led the revision of the 4Ws Matrix for the Whole of Syria Protection Sector to include the reporting of number women, men, girls and boys with disability who were accessing protection services. Partners were sensitised on disability mainstreaming to add one more reporting component to the 4Ws. Although the current reporting does not allow detailed analysis (such as level of access per type of disability, etc.), this adjustment provides the sector with quantitative data and trends that can be completed by other sources of information, analysed over time and shared for joint initiatives or advocacy. Similar adaptation was done to the Whole of Syria UNFPA implementing partners monthly reporting tool in order to capture the number of persons with disabilities accessing gender-based violence and sexual and reproductive health activities.

GENDER-BASED VIOLENCE PREVENTION

Lessons Learned:

- *There has been an increased attention to structured prevention programmes as part of a comprehensive GBV package.*
- *Multi-year funding has enabled UNFPA and partners to think longer term and put strategies in place to focus on prevention and social norms in both humanitarian and more nexus contexts. Additional funding for resilience pillars could also increase the scope of the prevention programmes.*

For the first years of the Syria humanitarian crisis, the gender-based violence response and sexual and reproductive health services prioritised service provision, as well as awareness and information sharing. With the crisis becoming protracted, the Syria Response initiated a progressive shift from service delivery to risk mitigation to planning and implementing longer-term prevention initiatives, aimed at challenging harmful social norms through structured community-based work. It was underlined during interviews that multi-year (or at least predictable) funding was a requirement to allow continued interventions that aim to influence harmful norms and practices. Moreover, some key informants also shared that, if the resilience pillar was better funded, they would be able to develop more comprehensive programmes focusing on behavioural change.⁵⁴ However, this analysis found that meaningful progress was made in this regard through an enhanced engagement with community leaders and leveraging communication channels to deliver structured messages.

⁴⁵ UNFPA and UNICEF, “Global Programme to Accelerate Action to End Child Marriage”, 2016.

⁴⁶ Mentioned in FGD with adolescent girls in WoS GBV Sub-Cluster and UNFPA, “Voices from Syria”, 2020 (Draft).

⁴⁷ UNFPA Regional Syria Response Hub, “Unbroken: Stories of Syrian Adolescent Girls”, October 2019.

⁴⁸ Also underlined by the UNFPA Evaluation Office “Evaluation of the UNFPA Response to the Syria Crisis”, May 2019.

⁴⁹ UNFPA, “Impact Assessment Report of the UNFPA Multi-Country Response to the Syria Crisis: Turkey Cross-Border, Syria, Lebanon, Iraq and Jordan”, 2019 and UNFPA, “Impact Assessment of DFID funded UNFPA Strategy to Strengthen Gender-Based Violence (GBV) Prevention and Response Services in Syria”, 2019.

⁵⁰ Mentioned by the UNFPA, “Impact Assessment of DFID funded UNFPA Strategy to Strengthen Gender-Based Violence (GBV) Prevention and Response Services in Syria”, 2019.

⁵¹ See recommendations related to sensitisation and training of staff, adjustment of infrastructures etc. in UNFPA, “Impact Assessment Report of the UNFPA Multi-Country Response to the Syria Crisis: Turkey Cross-Border, Syria, Lebanon, Iraq and Jordan”, 2019.

⁵² UNFPA Jordan used the IRC-WRC Toolkit “Building Capacity for Disability Inclusion in GBV Programming in Humanitarian Settings”, 2015 and courses on sign language and on working with persons with intellectual or learning difficulties.

⁵³ In the three countries among the focus countries where the system is implemented: Lebanon, Jordan and Iraq.

⁵⁴ This is particularly true in Jordan where the issue of early marriage constitutes a separate output in the 2018-2022 Country Programme Document under the resilience pillar. In 2017, the country developed a Communication for Behavioural Impact (COMBI) strategy that aims at decreasing the level of early marriage using structured long-term communication initiatives directed towards adolescent girls, influential family members, community leaders, service providers. Based on the strategy, few short-term pilots were undertaken. But funding is lacking for a fully-fledged programming on early marriage directed at behaviour change.

At the sessions, they offer us the chance to discuss these subjects openly, and this creates an environment where we are encouraged to be honest with one another.

— RANWA, an adolescent girl from Palmyra, Syria

Key informants have shared that, if the resilience pillar was better funded, they would be able to develop more comprehensive programmes focusing on behavioural change.



ENGAGING WITH COMMUNITY LEADERS

Lessons Learned:

- Importance of engaging leaders as positive agents of change in addition to women, girls, men and boys.
- Multi-year funding allows comprehensive programming with the aim of changing social norms and negative attitudes/behaviours, including in humanitarian settings.
- The main challenges remain the resistance from the community leaders due to traditional roles in patriarchal societies and sensitivity around the issues.

An important component of the prevention of gender-based violence is engaging with men, male youths and boys, in addition to women and girls. Their position as gatekeepers makes their commitment to gender-based violence and sexual and reproductive health programmes important. However, the majority of male engagement interventions tended to be small in scale. For the first years of the response, local communities prioritised infrastructure projects or livelihood projects over working on gender-based violence or increased access to social services. Gender-based violence and sexual and reproductive health actors faced resistance from community leaders due to traditional roles in patriarchal societies and sensitivity of the issues. Prevention programmes gradually started to include a component of engaging with community leaders through various initiatives, such as awareness events, information-sharing sessions, roundtables, and quick impact projects among others. Progressively, mutual trust and leaders' increased knowledge allowed UNFPA and partners to engage them as proactive agents of change, as part of a more comprehensive programming aimed at challenging social norms and negative attitudes/behaviours. This study identified two main evolutions in the efforts aimed at engaging males on gender-based violence and sexual and reproductive health issues (i) increasing access to community leaders to address gender-based violence and sexual and reproductive health and (ii) increasing active engagement of community leaders to become actors of change.

To reach a level of ownership and commitment from the leaders, UNFPA and partners had to overcome challenges linked to preconceptions and lack of prioritisation of the issues. Long-term programming and continuous investment at field level were key to building mutual trust. While changing social norms is a long-term process, the UNFPA and partners could build on these impactful initiatives noted below:

Highlight from UNFPA Iraq - Engaging Religious Leaders to Preach against Child Marriage⁵⁵

UNFPA Iraq has implemented a Communication for Behavioural Impact (COMBI) strategic plan to mitigate child marriage using structured long-term communication initiatives. As part of the plan, a component is focusing on engaging leaders, including religious leaders, as key influential gatekeepers in Iraq on the issue of child marriage. Series of interventions aimed at building trust, challenging preconceptions, and developing capacities have been implemented through the Ministry of Religious Affairs to turn the leaders into positive allies. While the impact

assessment of the initiative on early marriage is planned for 2020, some concrete positive outcomes have been reported, such as proactive investment in initiatives from religious leaders and actual inclusion of child marriage key messages in speeches and Friday Prayers.

Highlight from UNFPA Syria - Aiming at Changing Social Norms in Humanitarian Settings

UNFPA Syria, supported by the Regional Syria Response Hub, has developed a theory of change to be piloted in Aleppo that aims to challenge and transform entrenched social norms related to gender-based violence (with a special focus on intimate partner violence and early marriage). An implementation plan with concrete interventions (i.e. community mobilisation and curriculum-based activities targeting men, women, girls and boys, couples and families, communities and leaders) is being drafted, supported by a research framework. The theory of change aims at three main outcomes: (i) family and community have reduced tolerance and acceptability for IPV and EM; (ii) women and girls exercise agency and autonomy over their body and lives; (iii) men, women, boys and girls have greater support for gender equity and equality in rights, role and responsibility within the family, community and the society. This pilot represents a unique attempt to develop and implement a structured gender-based violence prevention initiative in a humanitarian context.

LEVERAGING COMMUNICATION CHANNELS TO DELIVER MESSAGES

Lessons Learned:

- New/innovative communication channels increased the reach and supported access to new groups of beneficiaries.
- Inviting broad participation of different community groups into the process of defining messages is shown to guarantee buy-in and good reception of the intervention.
- One-off mass awareness sessions coupled with long term and more structured prevention interventions have demonstrated a successful model of intervention.

Mass awareness and social advocacy are important components of a gender-based violence response. UNFPA and partners have regularly participated in International Days relevant to gender-based violence and sexual and reproductive health activities.⁵⁶ In the Syria Response, focus countries have been engaged in mass awareness and advocacy efforts as a way to break taboos, sensitise, and request changes in the legal framework. This engagement contributed to significant successes over time.⁵⁷ Over the years, the initiatives became more coordinated among partners and were able to reach an increasing number of persons thanks to the use of new dissemination channels, such as Social Media, YouTube, television, as well as universities. One important facilitating factor is the broad participative approach when it comes to defining the key messages to disseminate. Engaging with various stakeholders may be a time-consuming process, but it guarantees buy-in and good reception of the intervention.

55. In the same vein, the ASRO Hub is also currently working on a promising initiative inspired by a successful initiative in Egypt that aims at engaging religious leaders on GBV and RH awareness in partnership with the Ministry of Awqaf ("Religious Leaders"). A booklet with key GBV-RH messages will be developed and serve as a basis for a Training of Trainers with selected religious leaders. Trainers will organise sessions to disseminate the key messages to their peers supported by the Ministry. In addition, those leaders will be involved in the 16 Days of Activism Campaign to support awareness raising in their area. In this case, the support and partnership of the Ministry was a requirement to proceed.

56. Such as 16 Days of Activism against Gender-Based Violence, International Women Day, International Youth Day, International Day of the Midwives, International Day of Persons with Disabilities, International Day of the Girl, UN Day etc.

57. Among others in the region, the dropping of mandatory reporting for adults; the law on domestic violence; the repeal of provision in the Penal Code allowing rapists to marry their victim to avoid jail term etc.

Highlight from UNFPA Jordan - Breaking Taboos around sexual and reproductive health Issues through TV Shows and Podcast

UNFPA Jordan initiated in 2019 a strategic partnership with ROYA TV, a popular television channel in Jordan, in order to exploit a new platform to disseminate sexual and reproductive health and rights messages and step up the awareness efforts. The objective was to reach a large public of women and youth to provide knowledge on sexual and reproductive health and rights and enhance their decision-making capacity. UNFPA developed 12 weekly television episodes under the name "Mesh Taboo" ("Not a Taboo") where experts treated issues such as youth and adolescent changes, STIs, sexuality education in schools, body image and its impact on sexual life etc. Experts, Youth, Ministries of Health and Youth, Universities, etc. were consulted and engaged in the development of the sessions. Considering the success of this initiative in a very conservative environment,⁵⁸ the partnership will continue with a youth focused television segment and a podcast on sexual and reproductive health and rights.

Highlight from UNFPA Syria - Collaborating with a University to Deliver Information

UNFPA Syria partnered with the Aleppo University to sensitise and inform students on key issues related to gender-based violence and sexual and reproductive health in a safe and enabling environment. Professors from different facilities of the university (colleges, institutes and hospital), students from the Student Union and University Board members were trained to deliver awareness sessions. Over 55,000 students benefited from the sessions and gained knowledge on core concepts. The "16 Days of Activism" campaign was also celebrated by the university for the first time. The FGDs carried out with beneficiaries showed the willingness of students to increase their knowledge and be able to share back information with their families and communities. The initiative required strong investment and monitoring from UNFPA, including ensuring correct messaging at all times. The next step is to institutionalise the initiative at the level of university under the Ministry of Higher Education to ensure continued collaboration.

INNOVATIVE PARTNERSHIPS

Innovation can greatly contribute to improving programmes and overcome traditional challenges, including those related to service provision. UNFPA and partners were recently able to engage on gender-based violence and sexual and reproductive health with non-traditional stakeholders (including within the private sector and media outlets) to better serve women and girls. Carrying out an in-depth mapping of non-traditional partners that wanted to support areas of UNFPA's mandate proved beneficial. As mentioned by one of the key informants:

"This new partnership was for us a priority. We had to overcome a series of practical challenges and it was a time-consuming process. But we are very proud of the outcome".

While those efforts remain specific, this study identified promising initiatives undertaken in the region.

Highlight from UNFPA Lebanon - Developing with University an Innovative M&E Tool for Service Providers

In 2017, UNFPA Lebanon applied successfully to the Humanitarian Innovation Fund (HIF) with Queen's University, IRC and ABAAD to develop the "Sense Maker" in Lebanon. Considering that theory of change models often relies on the assumption that women and girls benefit from services, the Sense Maker App is an innovative M&E tool for service providers to assess the impact of gender-based violence services delivered from the beneficiary's perspective. The collaboration with Queen's University has been paramount to develop the tool technically, while UNFPA and partners focused on tailoring the survey and piloting the tool in the field. This initiative illustrated the importance of new collaborations to diversify traditional interventions.

Highlight from UNFPA Jordan - Partnering with a Telecom Company to make Technology Accessible and Safe for Vulnerable Women

In the framework of a broader effort to develop innovative partnerships with the private sector, UNFPA Jordan initiated a pilot with Zain, the mobile telecom company in Jordan, in collaboration with the Institute for Family Health. The initiative aimed at training selected Syrian women in an Innovation Lab, the "ZINC Club for Innovation" on "How to Use Mobile Application and Internet Safely", including for accessing key information, referring gender-based violence and protection issues and installing a period tracker. The participants were selected among the most vulnerable with minimal to no exposure to technology. Accessing basic knowledge on mobile Internet has contributed to empowering women and girls and breaking their isolation through giving them easy access to information, as well opportunities (such as selling home-made food online). The partnership with the Social Responsibility Branch of Zain will be expanded based on the participants' feedback and lessons learned from the projects, with a focus on access to information and freedom of expression.

DATA MANAGEMENT

Lessons Learned:

- *Investment in capacity development and dedicated human resources specialised in data management, data visualisation, information management (both for UNFPA and for coordination mechanisms) has shown a return on investment.*
- *Guidance and technical support available at global level (related to GBV IMS for instance) was helpful for in country roll outs.*
- *Having good data improved advocacy efforts and programmatic decision making, and UNFPA's experience in data management demonstrates that it is possible to collect gender-based violence data safely in a humanitarian setting.*
- *The varied capacity of organisations providing services when it comes to reporting can represent a challenge.*

This study found that great efforts have been made these past years to ensure safe and ethical data management, including collection, storage, sharing and analysis of gender-based violence data:

- In Lebanon, Jordan and Iraq, the gender-based violence IMS has been successfully rolled out and implemented. As of today, the system constitutes the main reference when it comes to gender-based violence-related data management. An inter-agency gender-based violence IMS Coordinator hosted by UNFPA (in Lebanon and Iraq) or by UNHCR (Jordan) is managing the system on behalf of the inter-agency coordination and the data-gathering organisations, with the support of the Global Team. Analysis of trends is produced regularly, helping to enhance coordination, inform programming and support joint advocacy efforts. It's worth adding that beyond enhance the quality of the case management and service provision delivered, thanks to its structured participation requirements and capacity development tools.
- For the Whole of Syria Turkey Cross-Border Operation, efforts have been made recently to collect a minimum set of data based on the Information Sharing Protocol and then analyse them at inter-agency level. The "Gender-Based Violence Trends Analysis" is produced quarterly and provides information on main gender-based violence trends related to the type of reported incidents per age group etc.
- In the Whole of Syria, a 4Ws tool was developed where gender-based violence actors are reporting quantitatively the number of persons they have reached through their interventions based on an agreed set of indicators. The gender-based violence 4W methodology established avoids double counting and ensures that number of beneficiaries is captured. The results are displayed in a detailed gender-based violence dashboard summarising achievements from the sector by hub, location, activity and severity scale. The dashboard provides a useful basis to analyse gaps.

The main challenge linked to data management has been the varied capacity of organisations providing services when it comes to reporting. UNFPA has invested to ensure that all service providers are able to report timely and properly. However, over the past three years, the quality of reporting has improved dramatically and now allows proper analysis and recommendations.⁵⁹ Data management has become a key priority these past years, due to the critical importance of reliable and safe gender-based violence qualitative and quantitative data in order to inform programming and support advocacy. Relevant human resources, such as dedicated Information Management Officers for UNFPA, for the gender-based violence coordination mechanisms, and Gender-Based Violence IMS Coordinators, are central to this success. Beyond quantitative data, meaningful efforts (such as "Voices from Syria" below) were made to gather qualitative data to provide in-depth analysis.

Highlight from the regional M&E framework for the Syria Crisis

To enhance the ability of M&E and IM activities to inform programming and facilitate an evidence-based approach to UNFPA's work in the Syria response, UNFPA streamlined the top level-indicators, ensuring alignment to global UNFPA indicators (to the closest extent possible) to enable standardised sub-regional response tracking, as well as reduced reporting efforts at country-level. For the Syria crisis region, UNFPA also streamlined a data reporting tool for partners that captures beneficiary and service data (monthly & cumulative; RH and gender-based violence) as well as distribution of supplies, gender-based violence sign-ins to Safe Spaces and training tracking data. The data can be disaggregated by geographic location, sex, age, disability and displacement status (IDP, host community, refugee and returnee). A compilation tool providing analysis/calculations for donor's reports, UNFPA internal reporting requirements, country-level and regional-level reporting requirements, feedback to IPs / programming, etc. was also developed.

Highlight from UNFPA Whole of Syria - Issuing an Annual "Voices from Syria", a Gender-Based Violence Analysis Report to Inform Programming

"Voices from Syria" is a comprehensive report on gender-based violence trends in the Whole of Syria, produced annually since 2016. Mixed sources of data with a strong focus on qualitative data are used to generate findings that inform programming and support development of the Humanitarian Response Plan for the Whole of Syria. The report also captures risks of gender-based violence in other sectors that need to be mitigated throughout the response.

CROSS-CUTTING FINDINGS

In addition to the above-mentioned thematic progress raised by the focus countries, the following cross-cutting developments have contributed to the evolution of an improved quality of gender-based violence and sexual and reproductive health service provision:

- **High Commitment to Enhance Quality of Service Provision:** desk review and interviews with key informants confirmed that UNFPA and partners in both gender-based violence and sexual and reproductive health sectors have prioritised the quality of interventions

58. As mentioned by one of the stakeholders interviewed in the frame of the "Evaluation of UNFPA Support to Gender Equality and Women's Empowerment: Jordan Case Study": "SRH is no longer a taboo in Jordan, and I believe this is a result of UNFPA's work (...)".

59. When it comes to implementing partners, UNFPA has developed tools to support organisations to report efficiently, focusing on beneficiaries and avoiding double reporting.

these past three years. In a context where a broader scope of partners are engaged in gender-based violence and while the risks and needs are becoming increasingly complex,⁶⁰ UNFPA and sub-sectors/clusters have invested in developing knowledge and capacities (through training, mentoring, coaching) of gender-based violence and non-specialised gender-based violence service providers, producing guidance and tools, and improving impact-related monitoring and evaluation. In the Whole of Syria /Turkey Cross-Border, a taskforce dedicated to capacity development was established to coordinate and structure the initiatives. It is worth underlining recent efforts related to Protection against Sexual Exploitation and Abuse (PSEA) through inter-agency work plan, SOPs, trainings, reinforcement of the PSEA clause in the implementing partners' agreements.

- **Strong Leadership in the Gender-Based Violence Coordination:** in April 2016, UNFPA became the sole lead Agency of the gender-based violence AoR globally. Therefore, it was critical that UNFPA delivered strong leadership in the Syria Crisis Response. In the course of the past three years, UNFPA demonstrated increased capacity to coordinate the gender-based violence sub-sector/cluster, including through establishing close and trust-based relationships with co-leading agencies and sub-sector/cluster members, which has had a direct impact on the capacity to deliver quality services. A thorough review of inter-agency strategies, achievements and products confirms that UNFPA has positioned itself as reference lead in the region. Dedication and accountability of coordinators,⁶¹ trust among stakeholders, in-depth knowledge of the context, and capacity to advocate including with other sectors, have led to significant achievements and good practices in terms of service provision.⁶²
- **Increased Efforts to Monitor Impact of Intervention at the Sectorial and Agency Levels:** the inter-agency gender-based violence / sexual and reproductive health result frameworks were initially mainly intervention-based and focused on measuring the number of activities carried out and the number of beneficiaries reached by the sector service providers. At organisation level, as well, the focus of the monitoring and evaluation was more on quantitative information rather than qualitative. Progressively, taking advantage of the multi-year humanitarian plans in host countries and increasing M&E capacity across the region, efforts have been made to better capture impact of prevention and response interventions in both sectors:

- Baselines were established and impact related indicators were included in inter-agency frameworks;
- In some focus countries, the gender-based violence sub-sector/cluster designed an inter-agency M&E toolkit and training materials to ensure that information is captured and used in a safe and ethical manner, for example the gender-based violence Monitoring and Evaluation Toolkit [English/Arabic];⁶³
- Innovative M&E tools (such as the Sense Maker

in Lebanon)⁶⁴ were piloted at inter-agency level to complement the inter-agency impact reporting.

The inter-agency initiatives have been mirrored within organisations so that they developed result frameworks aligned with the inter-agency ones, including impact related indicators while using the inter-agency tools. UNFPA conducts annual impact assessments to measure the outcomes of multiyear, multicountry projects, including determining the increased wellbeing of women and girls. The impact-related information and data have helped to improve the quality of services provided to maximise return on investment and the positive outcome for beneficiaries of services. UNFPA should capitalise on the efforts made and adapt/improve the impact assessment tools to better capture the overall impact of the interventions in terms of decrease of risks and improvement of women and girls' well-being.

- **Increased Focus on the Nexus:** the gender-based violence sub-sector/cluster, and to a certain extent the sexual and reproductive health sub-sector/cluster, have been disproportionately oriented towards emergency response interventions for some time. While the needs are indisputable, there was a lack of strategising around investment in national systems and local/grassroot organisations, sustainability of interventions, and long-term behaviour change programming. Research results show that a shift in host countries towards more connectedness between emergency response and long-term development has been initiated and implemented in line with the Regional Refugee and Resilience Plan (3RP) these past three years.⁶⁵ In this context, the regional assessment of Essential Service Package⁶⁶ emphasised the need to "integrate successful humanitarian gender-based violence practices related to service provision in national gender-based violence system". As the sub-sectors/clusters lead, but also as an agency that has always capitalised on its pre-existing long-term development activities, UNFPA has played and is still playing a big role in the transition. This progressive transition has positively impacted the sectoral response where the strategic orientation is to reinforce the national system to deliver safe access to quality services. However, as mentioned by the majority of key informants, funds remain scarce under the resilience pillar.

- **Flexible and Multi-Year Funding:** ensuring non-earmarked predictable funding has been one of the main advocacy points of the gender-based violence sub-sectors/clusters and SHR coordination mechanisms for several years. As mentioned during the interview with the UNFPA Whole of Syria /Turkey Cross-Border sexual and reproductive health and gender-based violence team, "*The security situation in North-West Syria has been highly volatile this past year. We have been facing a series of crises in our area of responsibility. Having non-earmarked funds really helped us in re-prioritising quickly according to the emerging life-saving needs*". In addition, UNFPA and other sub-sector/cluster members have recently managed to secure longer-term funding to implement critical interventions in the region, such as life-saving services in safe spaces and programmes

60. All types of gender-based violence (according to the gender-based violence IMS classification) are being reported in the region. In addition, new trends have emerged, such as forced puberty, forced pregnancy, gender selected abortion etc. Incidents reported are often presenting more than one type of violence and the violence is sometimes imminent or protracted.
61. Key informants have emphasised the fact that avoiding as much as possible discontinuity and turnover of coordinators was paramount for managing the coordination structures efficiently. In Lebanon, Jordan, Iraq, Syria and the WOS coordinator's position was secured via multi-year funds, which was considered good practice.
62. For instance, some coordination groups have raised their own funds (directly from donors via joint proposal, pooled funds via UN to UN agreement, or through a partner) to implement directly inter-agency initiatives.
63. For W&S, see <https://www.humanitarianresponse.info/en/operations/syria/document/gbv-sc-monitoring-and-evaluation-toolkit>
64. <https://www.ehrta.org/researchdatabase/final-report-sensemaker-for-monitoring-and-evaluation-of-sgbv-programs/> and <https://reliefweb.int/report/world/what-we-learned-sensemaker-monitoring-and-evaluation-tool>, as July 2020.
65. This is particularly true in the host countries where the situation is less volatile than in the Whole of Syria, where many areas still require a humanitarian response.
66. UN Women, UNFPA, WHO, UNDP, UNODC "Essential Services Package for Women and Girls subject to Violence", 2015.

aimed at challenging negative social norms and changing behaviours that limit women and girls' empowerment. Avoiding disruption of services is key to maintaining trust with beneficiaries and ensuring that survivors feel confident to seek support. As importantly, addressing complex issues, such as early marriage or domestic violence, is a process that must tackle the root causes of the violence and requires long-term approaches. Lastly, investing in national systems also requires predictable funding in order to build capacity and ownership over time. Multi-year funding also contributed to more ambitious and impactful prevention strategies, as demonstrated by a number of impact assessments.

In conclusion, the analysis of the evolution of gender-based violence / sexual and reproductive health services in the Syria Crisis region during the past three years clearly demonstrates rich development and progress. It was found that UNFPA, as an agency and as sub-sector/cluster lead, is using the comparative advantage of its mandate to innovate and develop integrated gender-based violence / sexual and reproductive health services for women and girls.

THE IMPACT OF COVID-19

While UNFPA and the gender-based violence / sexual and reproductive health sub-sectors/clusters in the region have been continuously adjusting, developing and improving their service provision interventions to better meet the identified needs as demonstrated above, the COVID-19 pandemic has constituted an unexpected crisis within the crisis. UNFPA and gender-based violence and sexual and reproductive health partners have immediately identified and alerted on the heightened risks triggered by the pandemic on women and girls,⁶⁷ and particularly on adolescent girls.⁶⁸ Rapid assessments have been carried out in each of the focus countries to generate evidence on the impact of COVID-19 on women and girls, and on services. These assessments documented, among others, increasing prevalence and intensity of intimate partner violence (both physical and emotional), but also child marriage, sexual exploitation and abuse, online sexual harassment, in a context where access to gender-based violence and sexual and reproductive health services is more hampered than ever. The measures taken to limit the spread of COVID, particularly the restrictions on movements, have severely impacted service delivery: some sexual and reproductive health services and Safe Spaces were closed, curfews were imposed (including for some services providers) and women and girls limited their access to services out of fear of transmission/infection. As a result, a drop of almost 20% access to sexual and reproductive health services and over 56% access to gender-based violence services was registered in UNFPA-supported facilities across the region between January and May 2020.⁶⁹

Considering the life-threatening risks for women and girls, gender-based violence coordination mechanism and the sexual and reproductive health working groups worked to quickly, efficiently and safely adjust their interventions to maintain critical access to quality services. UNFPA has been using its years of experience in remote programming, including in other pandemics, to lead the sub-sectors/

clusters in redefining strategic priorities and reprogramming accordingly.⁷⁰ In the Syria Crisis region, research has shown that UNFPA and partners have undertaken a number of innovative and impactful initiatives.⁷¹

Among others, UNFPA and partners have:

- **Developed contextualised guidance for service providers** (including on safe remote/virtual case management and safety in Safe Spaces);
- **Offered online training sessions for gender-based violence service providers** on gender-based violence risks associated with COVID-19, measures to adapt their services during the crisis, as well as messages to deliver to different groups within the communities;
- **Revised the referral pathways and supported the non-gender-based violence frontline workers** to refer safely and swiftly (via gender-based violence referral help desks and phone application), using dedicated 24/7 helplines provide remote services such as case management, psycho-social counselling and legal advice;
- **Led the development and sharing of COVID-19 and gender-based violence and sexual and reproductive health services related IEC materials**, including key messages, using various channels (such as videos on social media, phone calls and messages);
- **Supported other sectors/clusters to integrate gender-based violence risk mitigation in all aspects of their epidemic response;**

Among the innovative initiatives taken by the focus countries to adjust services to the pandemic, two were found particularly interesting as they would benefit the response beyond COVID-19.

Highlight from UNFPA Jordan - Adjusting the Amali App for Improved Remote Services

In Jordan, the Amali App is a user-friendly tool by the SGBV Working Group which is open to beneficiaries, specialised and non-specialised gender-based violence service providers with the aim of raising awareness and making self-referral and updated referral pathways accessible on touch screen devices. The Rapid Assessment⁷² carried out during COVID-19 outbreak demonstrated increased violence as well as some challenges and risks in receiving remote counselling support via calls. Based on those findings, UNFPA, UNHCR and partners decided to add two features to the app in order to improve and secure its use. The first addition will be an option to get emergency help with a single touch to cover critical situations; the second will be an option to reach and receive support from a counsellor by texting. It is expected that the expansion of the app will continue to benefit the response beyond the COVID-19 crisis.

67. UNFPA Jordan, Plan International and Institute for Family Health, "Daring to Ask, Listen and Act: A Snapshot of the Impacts of COVID-19 on Women and Girls' Rights and Sexual and Reproductive Health", April/May 2020; Turkey Cross Border Gender-Based Violence Sub-Cluster, "Guidance Note on Gender-Based Violence Service Provision during the Time of COVID-19", March 2020; UNFPA W&S, "COVID-19: Guidance Note on Gender-Based Violence Service Provision", April 2020; NCLW, UNWOMEN, UNFPA Lebanon and WHO, "Gender Alert on COVID-19", May 2020.
68. UNICEF, "COVID-19: GBV Risks to Adolescent Girls and Interventions to Protect and Empower them", May 2020.
69. Among key findings, GBV Information Management System (GBV IMS) in countries responding to the Syria Crisis has shown a meaningful drop of percentage of cases being reported since April 2020 (up to 68% in Jordan). In Iraq, a reduction of 50% in case management and 60% of psycho-social services were reported. In Jordan, telephone surveys related to SRH services have identified a lower access to family planning services in particular.
70. This includes determining which interventions should remain with adjustments and which should be temporarily adjusted. Also see UNFPA, "Coronavirus Disease (COVID-19) Preparedness and Response. UNFPA Interim Technical Brief, March 2020.
71. For detailed information per country, see UNFPA, "Regional Syria Crisis Donor Update on COVID-19", March 2020.
72. UNFPA Jordan, Plan International and Institute for Family Health, "Daring to Ask, Listen and Act: A Snapshot of the Impacts of COVID-19 on Women and Girls' Rights and Sexual and Reproductive Health", April/May 2020.

Highlight from UNFPA WOS/Turkey Cross-Border - Using Tele-Medicine to overcome Access Challenges

In North-West Syria, the COVID-19 outbreak has systematised the use of "Tele-Medicine" as way to decrease health facilities attendance and ensure continued access to sexual and reproductive health for beneficiaries who are unable to reach services. Midwives and gynaecologists trained on delivering virtual consultations in times of COVID-19 are on call to ensure services, including antenatal care, postnatal care, family planning among others. The Tele-Medicine is combined with pre-existing mobile team delivery of medicines/drugs to patients, if and as required. UNFPA is contributing to promoting and structuring these sexual and reproductive health tele-services designed to help overcome the barriers linked to transportation and movements, which are a concern in the region.

In addition, **UNFPA and partners are also expanding their work with cash and voucher assistance** to address the growing economic vulnerability of women and girls.

UNFPA has also supported national COVID-19 plans with relevant equipment and supplies, as well as developing advocacy points directed at decision-makers in favour of maintaining or increasing support to gender-based violence and sexual and reproductive health service delivery for as long as the pandemic lasts.⁷³ UNFPA developed country and regional level advocacy notes targeting donors on the need to maintain and increase gender-based violence funding in this specific context.

Given the challenges arising from COVID-19, the delivery of sexual and reproductive health services and gender-based violence programming may be affected as the humanitarian community, decision makers and donors focus on curbing the spread of the virus.

Evidence from past epidemics indicates, for instance, that healthcare resources dedicated to women and girls are at risk of being re-oriented towards addressing the pandemic.⁷⁴ Access to menstrual hygiene products, basic sexual and reproductive health services and even clinical management of rape for survivors might then be compromised. Although urgent needs are competing in this acute crisis, **gender-based violence and sexual and reproductive health issues must not be deprioritised. On the contrary, these services remain part of the minimum service package in times of health emergencies, considered as lifesaving, with gender-based violence risk mitigation mainstreamed in all sectors of intervention to uphold the "do-no-harm principle", as recalled by numerous global⁷⁵ and regional⁷⁶ guidelines.** Governments in host countries, who have been close partners of UNFPA for years to advance gender-based violence and sexual and reproductive health agenda, must still consider women and girls' rights an urgent priority during the COVID-19 pandemic. Lastly, not only should the funding to the sub-sectors/clusters be maintained, but it needs to match the increased needs that the COVID-19 pandemic has generated.⁷⁷

The consequences of disregarding gender-based violence and sexual and reproductive health issues in these critical times are four-fold:

- Organisations would not have enough funds to ensure essential services adjusted to the crisis, meaning a number of women and girls in need will be unable to access support;
- Progress in the use of family planning could be lost and the maternal mortality rate increased;
- Gender-based violence risks would further increase for women and girls due to a gender blind epidemic response;
- Reduction or disruption of basic essential and life-saving services would breach trust and have dramatic impact on help-seeking behaviours.

As mentioned by a key informant, "*if we miss this opportunity to demonstrate to women and girls in need that the service providers are there for them at all times, including during the COVID-19 crisis, we might breach the trust that we have built over time*". This would have long-lasting repercussions on UNFPA work and the life of the most vulnerable women and girls.

73. UNFPA, "COVID-19: Sexual and Reproductive Health and Rights in Times of Crisis", Jordan Brief, April 2020.

74. UNICEF, "COVID-19: GBV Risks to Adolescent Girls and Interventions to Protect and Empower them", May 2020.

75. IASC, "Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action, 2015; UNFPA, "Coronavirus Disease (COVID-19) Pandemic UNFPA Global Response Plan", April 2020.

76. UNFPA Syria Crisis Region, "Gender-Based Violence: Donor Advocacy Brief on Critical Services during COVID-19", April 2020; UNFPA WoS, "COVID-19: Guidance Note on Gender-Based Violence Service Provision", April 2020.

77. UNFPA appealed globally for \$187.5 million (as of 1st April), including \$120 million for managing COVID-19 threat in humanitarian situations. See UNFPA, "Coronavirus Disease (COVID-19) Pandemic UNFPA Global Response Plan", April 2020.

This is why I decided to volunteer to help those who have suffered as I have; to make sure that my generation will not make the same mistakes.

— LAYALI, an adolescent girl from Idlib, Syria

The COVID-19 pandemic has constituted an unexpected crisis within the crisis. UNFPA and partners have immediately identified and alerted on the heightened risks triggered by the pandemic on women and girls.

SUGGESTED WAYS FORWARD

THEMATIC RECOMMENDATIONS

UNFPA and the gender-based violence sub-sector/ cluster should continue investing in Safe Spaces, as the only viable modality to provide protection and increase well-being:

- **Maintain the combination of static and mobile interventions** to overcome the main barriers to access.
- **Increase, where possible, the number of multi-sectorial services** (such as family planning, legal, mental health, livelihood), available for women and girls at the safe spaces. Alternatively, ensure that referral pathways are strengthened towards those services.
- **Continue providing dignity/sanitary kits during awareness and information-sharing sessions in emergency contexts**, as a life-saving intervention, as well as to support help-seeking behaviour and disclosure.
- **Assess the level of sustainability of the Safe Spaces and develop some "minimum sustainability standards" based on global and regional guidance**⁷⁸ to reinforce and systematise the practice. The standards should include women and girls' participation, mandatory areas of operational development and exit phases.
- **Explore the opportunities provided by COVID-19** to develop activities that can be implemented through a virtual safe space to facilitate access to information and services for vulnerable women and girls.⁷⁹

UNFPA and the gender-based violence sub-sectors/ clusters and sexual and reproductive health coordination mechanisms should invest in standardising and institutionalising the integrated approach:

- **Study the integration models piloted across the region**, highlighting lessons learned and good practices (with a special attention on the sustainability of the intervention).
- **Provide recommendations at operational and policy levels**, and set some minimum standards.
- **Continue investing in joint sensitisation, capacity development, technical support, and policy** to reinforce coordination and collaboration between the two sectors of intervention.
- **Document the positive impact of the integrated approach** and use findings for advocacy purposes to relevant Ministries, Protection and Health humanitarians, and donors.

UNFPA and the gender-based violence sub-sector/ cluster should consider expanding the use of cash and voucher assistance to increase access to services:

- **Research and analyse the types of cash and voucher assistance being used/piloted in the region, the criteria/modalities applied, the lessons learned, as well as the impact that the interventions has demonstrated so far** in order to inform any future initiative.
- **Take advantage of the existing global and regional guidance and tools**, with a special attention on those adjusted to the COVID-19 context.
- **Sensitise and inform partners** on the benefits of the cash and voucher assistance and the risk mitigation measures.
- Consider including a **financial education** component.

UNFPA and the gender-based violence sub-sector/ cluster should further enhance targeted programming for adolescent girls:

- **Target adolescent girls married and/or pregnant with specialised programming** that responds to their specific and differential needs.
- **Adopt a comprehensive approach to ensure adolescent girls' active participation**, as well as systematic engagement of influential members of their family and community.
- For example, consider testing in other contexts the use of the "AMAL" approach targeting adolescent girls, families and communities, as well as sexual and reproductive health service providers to establish an adolescent responsible health system and supportive environment for adolescent girls to access their sexual and reproductive health and rights.

UNFPA and the gender-based violence sub-sectors/ clusters and sexual and reproductive health coordination mechanisms should build on, structure and harmonise disability inclusion initiatives taken at country level:

- **Encourage the development of country-based disability inclusion strategic plans**, in line with the UNFPA [Guidelines for Providing Rights-based and Gender-Responsive Services for Women and Young Persons with Disabilities](#) and on the learning from the Whole of Syria Social Inclusion Strategy, to enhance accountability of UNFPA and implementing partners (UNFPA).
- **Continue to monitor and document the impact of initiatives on the current access to services** of persons with disabilities and their increased well-being.

- **Continue to promote exchange of good practices** and lessons learned related to disability inclusion across the region and globally.⁸⁰

UNFPA and the relevant coordination mechanisms should reinforce and systematise interventions that aim to challenge harmful social norms and attitudes:

- **Compile and share lessons learned** from the Whole of Syria pilot on social norm theory of change, the Iraq and Jordan COMBI for early marriage and other ongoing pilots in humanitarian settings on social norms.
- Develop/adjust, on that basis, **monitoring tools aimed at assessing the impact** on attitudes and the level of change.

UNFPA and the gender-based violence sub-sectors/ clusters and sexual and reproductive health coordination mechanisms should continue investing in innovative partnerships and approaches:

- **Capitalise on the successful innovative pilots** in documenting the good practices, lessons learned, comparative advantage and impact in order to advocate to donors for expansion or duplication.
- **Develop a strategy to support and increase proactive identification and concretisation of opportunities** for innovative partnerships in the region, based on global guidance and regional lessons learned.

UNFPA and the gender-based violence sub-sectors/ clusters and sexual and reproductive health coordination mechanisms should maintain investment in qualitative data collection, sharing and analysing as a way to inform programming, reinforce coordination and support advocacy:

- **Continue building the capacity of partners** on safe and ethical data management (including data security and protection), use of tools and analysis.
- **Prioritise securing dedicated human resources** specialised in data management, data visualisation, information management (both for UNFPA and for coordination mechanisms).

CROSS-CUTTING RECOMMENDATIONS

- **UNFPA and the UNFPA and the gender-based violence sub-sectors/clusters and sexual and reproductive health coordination mechanisms should systematically document and share the positive impact of flexible multi-year funding** (in terms of supporting rapid adjustment of programming, continuity of service, long-term prevention interventions and predictable investment in national systems) to maintain buy-in from donors.
- **UNFPA and the gender-based violence sub-sector/cluster should continue prioritising capacity development and technical support of stakeholders** as a way to raise and harmonise quality service delivery.
- **UNFPA should maintain investment in inter-agency gender-based violence and sexual and reproductive health coordination** through dedicated experienced coordinators on long-term contracts and, where possible, specific funding for inter-agency initiatives aimed at enhancing quality service provision.
- **UNFPA should capitalise on the efforts made to reinforce the outcome level monitoring and adapt/improve the assessment tools** to better capture the overall impact of the interventions in terms of decrease of risks and improvement of women and girls well-being to inform programming and support advocacy.
- **UNFPA should build on its comparative advantage to enhance the nexus approach to gender-based violence and sexual and reproductive health** and integrate the good humanitarian practices into national systems.
- **UNFPA should maintain and enhance where possible an active regional community of practice via the Regional Syria Response Hub**, allowing regular exchange of information, good practices, lessons learned, resources, as well as technical support and mentoring.

78. Among others, GBV AoR HelpDesk, "Sustainability Strategies for Women and Girls Safe Space", 2020.
79. See UNICEF GBV Initiative/GBVIE Podcast Episode 5, <https://unicef.libsyn.com/episode-5-creating-virtual-safe-spaces-for-women-and-girls>, July 2020.

80. See the IASC, "Case Studies Collection. Inclusion of Persons with Disabilities in Humanitarian Action", 2019, which provides field-based good practices related to inclusion of persons with disabilities.

KEY ADVOCACY MESSAGES

TO DONORS

- **Maintain flexible multi-year funding for gender-based violence and sexual and reproductive health sub-sectors/clusters**, including to local partners, to allow rapid adjustment of programming, as well as to ensure continuity of quality service, long-term prevention interventions and predictable investment in national systems.
- **Increase support so that a comprehensive multi-sectorial set of services be provided from static and mobile Safe Spaces**, with a special focus on systematic integration of sexual and reproductive health and gender-based violence services.
- **Continue to support the delivery of tailored dignity/hygiene kits** to women and girls as a life-saving intervention in emergency contexts.
- **Support the use of cash and voucher assistance**, especially in the COVID-19 context.
- **Prioritise targeted programming for adolescent girls**, offering a comprehensive approach to include families, communities and local sexual and reproductive health service providers to meet the differential needs of adolescent girls.
- **Continue to encourage accountability towards inclusion of persons with disabilities** through required mainstreaming in proposals, implementation, M&E and reporting.
- **Increase investment in long-term gender-based violence prevention interventions** addressing the root causes of the issue and with the goal of changing social norms in order to decrease the risks and alleviate pressure on the response.
- **Encourage innovative partnerships and approaches as a way to overcome traditional challenges** and capitalise on evolution of technologies for humanitarian and development purposes, especially in the COVID-19 context.
- **Continue supporting gender-based violence and sexual and reproductive health activities coordination mechanisms** through funding long-term dedicated positions and inter-agency initiatives as a way to enhance quality and efficiency of interventions.
- **Continue to invest in safe and ethical data management** by supporting dedicated specialised senior positions and capacity development, to enhance qualitative analysis that informs programming.
- **Avail both humanitarian funding to respond to ongoing emergencies and resilience funding to allow implementation of longer-term development interventions.**

COVID-19 RELATED ADVOCACY

- **Gender-based violence/sexual and reproductive health activities interventions must be considered as essential and life-saving**, and all the more so in times of public health crisis such as COVID.
- **Funding should be maintained or increased to meet the increased life-saving needs, the generation of evidence related to the impact of COVID**, as well as the additional costs related to safe delivery of services in times of health emergency.
- **Utmost flexibility should be maintained throughout the COVID-19 crisis to allow re-allocation of funds**, no-cost extension, delays in implementation or reporting, as well as modifications in project activities to better meet emerging needs.
- **Donors should advocate along with the gender-based violence/sexual and reproductive health activities actors to ensure that both interventions are considered** by all stakeholders as critical and essential, that gender-based violence risk mitigation is mainstreamed in all sectors of intervention and that women's rights are upheld in all times.

During the curfew period, I met many women who face violence at the hands of their husbands. It has clearly increased.

— Ghadeer, a woman from Homs, Syria

The COVID-19 pandemic has constituted an unexpected crisis within the crisis. UNFPA and partners have immediately identified and alerted on the heightened risks triggered by the pandemic on women and girls.

After the lockdown was announced, I honestly did not know if I would survive till the end. I was not afraid of the virus; I was afraid of being locked in with the men of my family and to endure the same abuse without the chance of escape.

— JANA, an adolescent girl living in Jordan

Complex and protracted crisis present viable opportunities for real, transformative change. Organisations can effectively capitalise on that opportunity by scaling-up, systematising and institutionalising impactful practices.



CONCLUSION

A clear progression of sexual and reproductive health service delivery and gender-based violence programming can be noted over the past three years. Meaningful progress was made by UNFPA and partners in areas such as the integration of gender-based violence and sexual and reproductive health activities service delivery, social inclusion (in particular for adolescent girls and persons with disabilities), prevention, innovation and data management. A series of impact assessments demonstrate a high level of satisfaction, as well as an increased sense of well-being from beneficiaries accessing gender-based violence and sexual and reproductive health services. Data related to gender-based violence and sexual and reproductive health activities also shows significant improvement in help-seeking behaviour with increasing numbers of women and girls accessing safe spaces and related services. The COVID-19 pandemic has required rapid and efficient adjustments of sexual and reproductive health service delivery and gender-based violence programming to respond to the growing needs and to continue to serve women and girls in need.

This analysis provides suggestions on how to capitalise on the recent developments and gives overall directions to further enhance the response through scaling-up, systematising and institutionalising impactful practices. The Syria Crisis presents unique opportunities to reinforce national systems, to initiate transformative change on gender norms and to leverage the unparalleled resilience demonstrated by women and girls.

AN ANALYSIS OF

EVOLUTION OF GENDER-BASED VIOLENCE AND SEXUAL AND REPRODUCTIVE HEALTH SERVICES WITHIN THE SYRIA CRISIS RESPONSE

2017 — 2020

UNFPA IS GRATEFUL TO ALL DONORS CURRENTLY
FUNDING ITS SYRIA CRISIS RESPONSE

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

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