

UNITED NATIONS POPULATION FUND

REGIONAL SYRIA RESPONSE HUB

BRUSSELS IV CONFERENCE ON SUPPORTING THE FUTURE OF SYRIA AND THE REGION

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**DELIVERING A WORLD WHERE EVERY
PREGNANCY IS WANTED, EVERY
CHILDBIRTH IS SAFE AND EVERY YOUNG
PERSON'S POTENTIAL IS FULFILLED.**

UNFPA's mandate focuses on preventing and responding to gender-based violence, on meeting the sexual and reproductive health needs and on empowering young people, including in emergency situations. UNFPA is the global lead agency for GBV and SRH in humanitarian settings and is leading the GBV and SRH coordination in the region.

**UNFPA IS COMMITTED TO ACHIEVING
THREE TRANSFORMATIVE RESULTS**

**ENDING PREVENTABLE MATERNAL DEATH
ENDING THE UNMET NEED FOR FAMILY PLANNING
ENDING GENDER-BASED VIOLENCE AND HARMFUL
TRADITIONAL PRACTICES**

OVERVIEW

In the context of the Syria crisis, 70 percent of people in need of humanitarian assistance in the region are women and children and 25 percent are women of reproductive age. Meanwhile, women and girls continued to be disproportionately affected by gender-based violence (GBV) and face barriers to access to sexual and reproductive health (SRH) information and services.

THE EVOLUTION OF GBV PROGRAMMING & SRH SERVICES

Nearly ten years into the crisis, a variety of factors have placed women and girls at increased risks of GBV and in increased need of related services, including SRH. These include multiple displacements, negative coping mechanisms, change of gender roles within the families, growing tensions with host communities and the now worsening socio-economic situation. Meanwhile, evidence shows that the COVID-19 pandemic has further exacerbated the risks of GBV and increased the needs faced by women and girls and impacted their access to life-saving services.

Despite those challenges, progress related to GBV programming and SRH service provision has been achieved by UNFPA and the GBV/SRH sub-sectors and clusters:

- **Women and Girls Safe Spaces are offering further quality multi-sectoral services** and with a social inclusion lens. In 2019, UNFPA reached approximately 2.39 million people with SRH services and more than 1.29 million people received GBV services. This represents an increase of average 25 percent for GBV compared to 2018.
- **Positive steps have been taken to strengthen the use of cash and voucher assistance (CVA)** as a cost-effective tool to prevent and respond to GBV, and enhance access to services, especially during the COVID-19 pandemic.
- **Targeted programmes for adolescent girls** are adopting comprehensive approaches by including families, communities and local SRH service providers to empower adolescent girls and establish an adolescent responsible health system in order to create a supportive environment for them to access their SRH Rights (SRHR).
- **Strategic prevention interventions** are challenging and ultimately changing harmful social norms and behaviours through structured community-based work, including in humanitarian settings.
- **Innovative partnerships and initiatives** are capitalising on the evolution of technologies for humanitarian and development.
- **Management of reliable and safe inter-agency data** is being prioritized to inform programming, strengthen coordination and support advocacy.
- **Interventions are being 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.

FOR MORE INFORMATION

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ENABLING FACTORS

Given the volatile context and severity of needs, there have been a number of enabling factors that have allowed UNFPA to undertake its life-saving throughout Syria and the region. First and foremost is **strong leadership in GBV coordination**, which facilitates a harmonized response where strategic priorities are clear and limited resources are used effectively. This is further supported by an unwavering **commitment to develop knowledge and capacities** of specialised and non-specialised GBV service providers to better serve women and girls. The growing trust from communities towards quality and confidentiality of service provision translates into improved help-seeking behaviour.

Meanwhile, **enhanced efforts to monitor the impact of GBV-SRH interventions** through outcome-related indicators and tools has informed programming, maximized return on investments and demonstrated a high level of satisfaction, and increased sense of well-being amongst those accessing SRH and GBV services. This has been met with an **increased focus on the Humanitarian-Development Nexus** to ensure more connectedness between the emergency response and long-term development. The sub-sectors/clusters can reinforce national systems to deliver safe access to quality services and invest in social norms change. However, these efforts should not be at the expense of the humanitarian response, which is still needed.

Finally, the benefits of **flexible, multi-year funding** that allows rapid adjustment of programming cannot be overstated, coupled with efforts to ensure continuity of services, long-term prevention interventions, and predictable investment in national systems.

RECOMMENDATIONS

Donors, decision makers and humanitarian leadership have a critical role to play in supporting UNFPA and the GBV sub sectors/clusters and SRH working groups to capitalise on progress and enhance GBV and SRH response through scaling-up, systematising and institutionalising impactful practices.

However, given the challenges arising from COVID-19, the delivery of SRH services and GBV programming may be affected as countries focus on curbing the spread of the virus. As such, **donors and decision makers should continue prioritising the following:**

1. **Comprehensive and specialised GBV programmes and SRH services as essential and lifesaving**, a fortiori in times of public health crisis such as the COVID-19 pandemic. All GBV prevention and response programmes, including women and girls' safe spaces and mobile services, along with SRH services, must be considered as basic essential services that need to be maintained.
2. **Funding dedicated to GBV programmes and SRH services delivery must not only continue but to also meet the increased needs** that have been brought on by the COVID-19 pandemic.
3. **Addressing GBV remains a collective responsibility.** Donors, UN Agencies, INGO and local organizations, all have a role to play in mitigating this violence.
4. **Increased investments in targeted programming** addressing the needs of women, adolescent girls, and people living with a disability, all of whom are at a greater risk of GBV.
5. **Flexible multi-year funding** needs to be increased for GBV and SRH sub-sectors/clusters, including to local partners, as predictability and sustainability of funding has proven to be critical to enhance quality of the response and strengthen the Humanitarian-Development Nexus.