

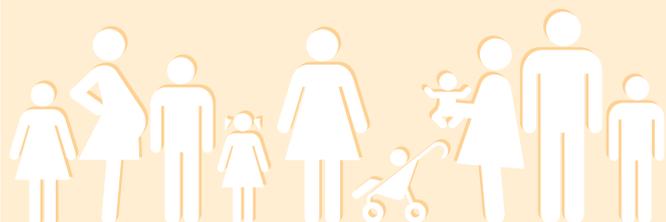
While domestic violence is all too common, in some cases abuse that began back home spirals out of control when compounded with the stress of being a refugee. "It was happening before - but now it's worse," says Yara, 23 years old and a mother of five, living in Deir Alla, Jordan. "At home, in Syria, I didn't notice it so much because we were living with my husband's family. Now that we live here on our own, without his family, he's been shouting more and more." In Jordan, their relationship grew tense and her husband became more violent.

An outreach volunteer told Yara about the UNFPA-sponsored women's centre: "She said it was a good place to get information; that I could go there and talk to someone about my problems at home. It's good to talk. Not just about the problems with my husband but also about my children. They've also been affected by our problem and the war back home. My son is always anxious and afraid." Yara says she's gaining more confidence knowing that she's not alone but that help is available for her and her children.

Credit: David Brunetti | UNFPA, 2014.

UNFPA believes that every Syrian woman and girl has the right to have access to affordable reproductive health care and be effectively protected from gender-based violence. UNFPA and partners are scaling up efforts to empower and improve the lives of Syrian women and youth and impacted communities in host countries, including by advocating for human rights and gender equality, to better cope with and recover from the crisis.

UNFPA: Delivering a world where every pregnancy is wanted, every childbirth is safe and every young person's potential is fulfilled.



HIGHLIGHTS

SYRIAN ARAB REPUBLIC

UNFPA assists partners that are reaching out to 16,300 women of reproductive age in Damascus, Rural Damascus, Homs, Tartous, Latakia and Hama with 32,300 reproductive health and GBV services. UNFPA sends 100,000 hygiene kits and 5,400 female dignity kits to high risk areas in northern Syria through cross-border conveyances from Turkey.

LEBANON

UNFPA builds the capacity of 20 Syrian and Lebanese women leaders to deliver awareness sessions to other beneficiaries on hygiene, organizes 49 awareness sessions on hygiene targeting 735 Syrian refugees and Lebanese women and distributes a total of 2,100 pamphlets on reproductive health related issues. UNFPA organizes 47 outreach sessions sensitizing 755 Syrian women on domestic violence, psychological pressures and early marriage.

JORDAN

UNFPA supports 5,711 women and girls with reproductive health services. A total of 5,252 women receive GBV services, including 395 GBV survivors who benefit from safe and confidential specialized multi-sectoral services and 261 GBV survivors benefiting from case management services. Furthermore, 1,399 women, girls, men and boys participate in self-reliance, vocational training and life skills training courses. A total of 812 women, girls, men and boys receive general psychosocial support services.

IRAQ

UNFPA establishes two women spaces and one youth space in Gawilan and Domiz camps. As part of the winterization campaign, UNFPA provides 800 dignity kits and 500 women dresses to Syrian women and girls and supports the training of 36 social workers and outreach volunteers in Gawilan and Domiz camps.

TURKEY

UNFPA provides reproductive health and family planning services to 950 Syrian refugees and counseling and psychosocial support services to 250 women, 130 children, and 10 men. In addition, Turkish language training is provided to 150 Syrian refugees and reproductive health counseling services to 100 women.

EGYPT

UNFPA organizes three health awareness sessions to 90 Syrian women in greater Cairo districts. UNFPA supports the training of 15 female primary health care physicians on obstetric ultrasound use in Cairo districts.

UNFPA supplies post-exposure prophylaxis (PEP) kits to prevent HIV to four health providers in Cairo, Alexandria and the Delta and supports two girls' spaces in 6th October and Masr al-Jadida.

The Syrian conflict, which began in 2011, has touched off a humanitarian crisis that has inundated the rest of the region. Some 12.2 million Syrians have been displaced by the nearly four-year conflict inside the country and are in need of assistance, while another four million now live as refugees in neighbouring countries facing worsening conditions in exile. Out of the total, nearly four million women and girls of reproductive age and half a million pregnant Syrian women are at risk of related health and protection issues.

The Security Council passed three resolutions in 2014 in a bid to increase humanitarian access and aid inside Syria. Humanitarian agencies, including UNFPA, with the financial support of international donors are making great efforts to provide assistance to vulnerable populations, reaching the unreached, supporting people to cope in difficult situations and helping the region address the overwhelming strain on services. The crisis will have huge consequences not only for the future of Syrian families but also for the social structures, demography and development of Syria and the whole region.

HUMANITARIAN SITUATION



"Most people who seek advice and support at the centre are suffering economically and socially from the crisis, but it affects all areas of their daily lives," says Iman, a social worker working with vulnerable Syrian refugee women at the women's centre in Deir Alla, Jordan.

"Trust is the foundation of our success. To see the people who come to the centre be happy, is our reward. I use everything at my disposal to provide the best possible support to the Syrian women. They went through a hard time and still are. The work can be exhausting at times because the women have experienced a lot of sorrow. I work hard to offer protection and give them strength for the future. But a smile is my reward."

Credit: David Brunetti | UNFPA, 2014.

SYRIAN ARAB REPUBLIC

There was no positive improvement in the security situation on the ground during the reporting period. Damascus remains subject to escalated military operations and retaliatory campaigns. The month of February witnessed an increase of clashes on the fronts inside Aleppo city, and notable increase in the tempo of mortars launched, especially on the Salamiyah and Sheikh Hilal roads that are used by the United Nations to access Aleppo. Likewise, armed conflicts and military operations continued in Dar'a, Deir ez-Zor and Al Raqa. As such, the timely delivery of humanitarian assistance is challenging. Security conditions severely affected the accessibility of around two million women to reproductive health and GBV services in these areas. Despite these considerable challenges, UNFPA is continuing to deliver life-saving services and family planning counselling through its support for the 270 static clinics and hospitals operated by implementing partners as well as the 27 UNFPA-supported mobile teams operating throughout the country.

The United Nation envoy and Arab League envoy to Syria, Staffan de Mistura, carried out talks with Syrian officials in Damascus to negotiate a deal to freeze fighting in Aleppo. He met Foreign Minister Walid Muallem and agreed to send a delegation to Aleppo on a fact-finding mission.

UNFPA's implementing partners have self-reported an increase in cases of sexual exploitation, especially in the hot spot and besieged areas, such as Aleppo and Deir ez-Zor. Effective GBV prevention and response programmes that embrace international protocols, especially for the clinical management of rape, are limited due to the limited capacity of qualified partners, the limited number of staff, and insufficient financial resources.

The depreciation of the Syrian pound, depleted local markets, and limited employment opportunities especially for youth are affecting the economic situation of Syrian families. This exposes them to many health risks, including the inability of women to access reproductive health and GBV services due to the lack of financial resources. Women are exploited and sometimes exchange sex for commodities, according to feedback obtained from local people.

The follow-up and implementation of the Security Council Resolutions 2139 and 2165 are challenging due to the deteriorated security conditions, inadequate information about the needs in the besieged areas, and challenges related to the effective coordination with offices in the neighbouring countries.

Monitoring the outcome of humanitarian response for internally displaced people (IDPs) residing in urban settings is challenging due to limited access and the weak capacity of implementing partners to provide timely and quality reports on needs and the delivery of response.

LEBANON

Around 17,000 refugees in the eastern Bekaa Valley have been ordered by the Lebanese Army to vacate their informal camps (Majdal Anjar, Kfar Zabad, and Barr Elias), according to UNHCR, reportedly in an attempt to prevent infiltration by militants into the vulnerable border region. Around 4,000 people have already left the camps, and around 65 sites are believed to be at risk.

Dozens of villages in the eastern, northern and southern parts of Lebanon were cut off by a blizzard. Snow fell at elevations as low as 300 meters, according to the meteorological department at the Beirut airport. Three Syrian refugee children were killed when their tent caught fire, after an apparent electrical short caused by the severe weather.

The Ministry of Social Affairs (MOSA) and UNICEF launched a national plan for the protection of women and children in Lebanon. The aim of this plan, which amounts to \$19 million, is to ensure the access of women and children at risk to protection and response services. It also aims to build the institutional capacity of MOSA and partners and help them to better organize the delivery of services to children in need of protection.

JORDAN

During the reporting period, Jordan witnessed harsh weather, with heavy snowfalls and sub-zero temperatures that increased refugee vulnerability and weakened their resilience. In Zaatari camp, in spite of the difficulties and challenges faced by humanitarian agencies working in the provision of services to the Syrians refugees, UNFPA continued providing services to support safe delivery, childbirth and reproductive health services, through its main partner of the Jordan Health Aid Society (JHAS) and with the support of the European Commission's Humanitarian Aid and Civil Protection Department and the United States Government.

UNFPA responded effectively during the snowstorm emergency by ensuring continuous delivery of services, including the availability of an ambulance for referral purposes equipped with all the necessary medical supplies and qualified personnel. Another delivery room was prepared in case of forced emergency evacuation of the clinic due to any potential infrastructure damages.

Since the declaration of a new policy in Jordan on November 20 2014 that Syrian refugees cannot access free health services, health care providers at UNFPA-supported clinic in the camps reported an increase demand on reproductive health services. They received frequent requests asking about the availability of free of charge reproductive health services outside the camps.

There are more than 623,241 refugees officially registered in Jordan and tensions are rising, particularly in towns and cities close to the border. Zaatari camp is now hosting 83,817 refugees, with 49.9 per

Q U I C K F I G U R E S

SYRIAN ARAB REPUBLIC:

SYRIANS AFFECTED BY THE CRISIS	12.2 MILLION
WOMEN AND GIRLS OF REPRODUCTIVE AGE	3.1 MILLION
YOUTH	4 MILLION

LEBANON:

SYRIANS AFFECTED BY THE CRISIS	1,163,201
SYRIAN WOMEN AND GIRLS OF REPRODUCTIVE AGE	290,800
SYRIAN PREGNANT WOMEN	20,588
SYRIAN YOUTH	119,679

JORDAN:

SYRIANS AFFECTED BY THE CRISIS	623,241
SYRIAN WOMEN AND GIRLS OF REPRODUCTIVE AGE	155,810
SYRIAN PREGNANT WOMEN	11,520
SYRIAN YOUTH	119,679

IRAQ:

SYRIANS AFFECTED BY THE CRISIS	233,625
SYRIAN WOMEN AND GIRLS OF REPRODUCTIVE AGE	52,697
SYRIAN PREGNANT WOMEN	4,135
SYRIAN YOUTH	21,565

TURKEY:

SYRIANS AFFECTED BY THE CRISIS	1,645,000
SYRIAN WOMEN AND GIRLS OF REPRODUCTIVE AGE	500,000
SYRIAN PREGNANT WOMEN	29,116
SYRIAN YOUTH	300,000

EGYPT:

SYRIANS AFFECTED BY THE CRISIS	136,717
SYRIAN WOMEN AND GIRLS OF REPRODUCTIVE AGE	34,872
SYRIAN PREGNANT WOMEN	2,420
SYRIAN YOUTH	13,685

SOURCES: Turkey's Disaster and Emergency Management Authority (AFAD), UNHCR, OCHA, and UNFPA - February 2015

cent female and 50.1 per cent male. With an increase in new refugees and returnees to Azraq camp, the camp is now hosting 13,377 refugees, 48.3 per cent female and 51.7 per cent male.

IRAQ

According to UNHCR, more than 238,000 Syrians are currently registered as refugees in Iraq, the refugees are mainly hosted in the Kurdistan Region of Iraq; In September 2014, Syrian asylum seekers started to arrive through Turkey to Iraq, following attacks on Kobane town in Syria. Today, approximately 32,000 asylum seekers, largely from Kobane live in refugee camps in Dohuk, Sulaymaniyah and Erbil governorates.

The sharp deterioration of the security situation in Anbar, Salah-ad-Din, Diyala and Ninewa governorates has also led to a massive movement of populations fleeing conflict and persecution. The consequences of these ongoing crisis s are alarming from a humanitarian point of view.

TURKEY

According to the AFAD - the Disaster and Emergency Management Agency of Government of Turkey - the total number of Syrians registered and assisted in 22 camps located in 10 provinces is

221,447. AFAD gives a total number of Syrian refugees in Turkey as 1,645,000 persons. The armed conflict in Syria has continued to be intense near the Syrian border with Turkey. The internal armed conflict escalated in Iraq and northern Syria causing further serious instability and displacement of populations in the region. Thousands of Ezidis have been entering from southeastern borders of Turkey through legal gates and also illegally. AFAD has opened its biggest camp in the southeastern border; yet to date, only 5,000 refugees have moved to the camp.

EGYPT

The number of Syrian people who have sought refuge in Egypt has reached 136,717. Most refugees are scattered in rented households in the outskirts of large urban centres such as greater Cairo, Alexandria and Damietta. Syrian refugees have been granted access to public services, including primary health care and education at the same prices as Egyptians. However, issues related to quality and availability of these services remain a major challenge given that the public sector is already struggling to meet the needs of the Egyptian people. With the prolongation of the crisis and decreased funding, vulnerabilities are escalating among the Syrian refugees, particularly in terms of debts incurred due to healthcare costs.

HUMANITARIAN RESPONSE 1-28 FEBRUARY 2015

SEXUAL AND REPRODUCTIVE INCLUDING FAMILY PLANNING



Awareness-raising session on reproductive health topics, held in cooperation with the Syrian Family Planning Association (SFPA), which is being carried out at numerous shelters in Damascus, Syrian Arab Republic.

Credit: Kinda Katranji | UNFPA, 2015.

SYRIAN ARAB REPUBLIC

REPRODUCTIVE HEALTH SERVICES: During the reporting period, UNFPA continued its support to its implementing partners to deliver lifesaving reproductive health services to the affected people in Syria. A total of 35,000 reproductive health services were provided in the reporting period, including family planning services to 12,800 women, treatment of 80 GBV cases and safe delivery services to 480 women through reproductive health vouchers in Damascus, Rural Damascus and Aleppo. Of these deliveries, 210 women opted for Caesarean

section.

REPRODUCTIVE HEALTH SUPPLIES: UNFPA delivered reproductive health supplies, including contraceptives, to health facilities to enable 120,000 women residing in Damascus, Rural Damascus, Aleppo and Lattakia to access quality reproductive health services, including family planning.

SUPPORTING HUMAN RESOURCES: UNFPA is continuing to support the 28 mobile clinics, 27 static clinics and 13 medical points and mobile teams of the SFPA and the Syrian Arab Red Crescent (SARC) through the deployment of 207 obstetricians, gynaecologists, midwives, nurses and social workers in 12 governorates.

REPRODUCTIVE HEALTH AWARENESS ACTIVITIES: UNFPA-assisted SARC and SFPA mobile teams reached 5,850 women in Damascus, Rural Damascus, Homs, Aleppo, Tartous, and Hama with awareness-raising sessions on reproductive health, including family planning.

LEBANON

REPRODUCTIVE HEALTH SUPPLIES: Since the beginning of the Syrian crisis, UNFPA has taken the lead in providing reproductive health kits number 3 for post-rape treatment to health facilities trained on clinical management of rape (CMR). In 2015, UNFPA signed an agreement with ABAAD Resource Center for Gender Equality (ABAAD), which will be entrusted with the delivery of reproductive health kits number 3 to health facilities. During the reporting period, reproductive health kits number 3 were delivered to Sir Diniye hospital, North Lebanon, and Fnaydek primary health care center, Akkar, where the staff had been

trained on the use of the kits.

REPRODUCTIVE HEALTH OUTREACH ACTIVITIES: A total of 49 awareness sessions on hygiene were implemented by UNFPA in partnership with the International Rescue Committee (IRC), Akkar Network for Development (AND) the Lebanon Family Planning Association for Development and Family Empowerment (LFPAGE) in the region of Akkar, North Lebanon. The sessions were conducted by trained women leaders and have reached 735 Syrian refugees and Lebanese women.

REPRODUCTIVE HEALTH TRAINING: Under the joint health education project launched in October 2014, and continuing throughout 2015, UNFPA along with its partners carried out in Halba, Akkar, a three-day training course where 20 Syrian and Lebanese women were trained as women leaders to deliver awareness sessions to other beneficiaries on hygiene.

REPRODUCTIVE HEALTH RELATED MATERIALS: With the support of UNFPA, LFPAGE produced and distributed a total of 2,100 pamphlets relating to an array of reproductive health topics.

JORDAN

REPRODUCTIVE HEALTH SERVICE: In the reporting period, a total of 5,795 reproductive health services were provided at UNFPA-supported facilities. Around 32 per cent per cent of the women benefiting from these services inside the camps were aged 18-24.

A total of 2,215 woman received antenatal care services, of which 14 per cent of the total were inside the camps and 86 per cent were in hosting communities. Woman under 18 years formed 10 per cent, while woman above 24 years represented 50 per cent of the total number of beneficiaries. A total of 915 women benefited from family planning services during the reporting period.

Despite the harsh weather conditions and limitations in reaching beneficiaries in the camp, UNFPA reached 3,385 beneficiaries with reproductive health related messages.

In Azraq camp, as part of awareness creation and health education for reproductive health beneficiaries, midwives in the two clinics provided a total of 20 health educational and awareness sessions on reproductive health services with messages to 182 Syrian women in



UNFPA teams at the reproductive health clinic in Zaatri camp in Jordan provide normal delivery services for the women in the camp.

Credit: UNFPA,2014.

the camp.

Uptake of post-natal care services continued to be low. A total of 15 post-natal care consultations were done in Azraq camp. UNFPA is working with the community health volunteers and with the midwives to encourage pregnant women in the camp on the importance of attending post-natal care services.

IRAQ

REPRODUCTIVE HEALTH SERVICES: During the reporting period, around 3,000 women benefited from reproductive health services: 2,461 women received ante-natal care, 54 women received post-natal care, 40 women received obstetric care services and 161 women received family planning counselling. UNFPA supported the safe delivery of 427 babies.

REPRODUCTIVE HEALTH OUTREACH ACTIVITIES: Around 75 women and girls benefited from awareness-raising sessions organized in Domiz camp on reproductive health related issues. One of the sessions was about the danger signs of pregnancy.

REPRODUCTIVE HEALTH RELATED MATERIALS: A total of 900 copies of reproductive health materials were disturbed in the camps, covering family planning, breast cancer, sexually transmitted infections and ante-and post-natal care.

REPRODUCTIVE HEALTH HUMAN RESOURCES: UNFPA is supporting 136 staff in clinics, health facilities and primary health care facilities.

EGYPT

REPRODUCTIVE HEALTH OUTREACH ACTIVITIES: UNFPA in collaboration with the Ministry of Health and WHO organized three health awareness sessions for 90 Syrian women in greater Cairo districts aiming to orient them on available primary health care services, answer reproductive health concerns and distribute relevant reproductive health behavioral change material.

REPRODUCTIVE HEALTH TRAINING: UNFPA supported the training of 15 female primary health care physicians on obstetric ultrasound use in Cairo districts with high concentrations of Syrians. The training was carried out by gynaecology and obstetrics professors and is a part of UNFPA's continued support for mainstreaming Syrians into the public primary health care sector.

TURKEY

The UNFPA-supported Syrian Social Gathering's women counseling centre in Mersin provided reproductive health and family planning services to 950 Syrian refugees: 180 women received ante-natal care services, 160 women received post-natal care services and 610 received family planning services. In addition, the centre provided counseling and psychosocial support services to 250 women, 130 children, and 10 men.

The UNFPA-supported women's counseling centre in Harran University continued providing Turkish language training to 150 Syrian refugees and provided reproductive health counseling services to 100 women, of which two women were referred to the hospital. The International Middle-East Peace Research Centre's (IMPR) continued distributing hygiene kits accompanied by health education and counseling on personal hygiene and family planning to Syrian women in Sanliurfa district.

GENDER EQUALITY AND WOMEN'S EMPOWERMENT



UNFPA organized awareness sessions on gender-based violence at a shelter based in Damascus, Syrian Arab Republic.
Credit: Kinda Katranji | UNFPA, 2015.

SYRIAN ARAB REPUBLIC

GENDER-BASED VIOLENCE SUPPLIES: UNFPA through its partners provided 11,200 winterized kits with three pairs of socks as well as 1,700 normal kits with one pair of socks to 12,900 women and girls and distributed winterized dignity kits with three pairs of socks to 4,200 men.

GENDER-BASED VIOLENCE AWARENESS SESSIONS: UNFPA-assisted clinics and mobile teams of SFPA and SARC provided 8,600 GBV services, including 2,300 psychosocial support sessions in Damascus, Rural Damascus, Homs, Lattakia, Tartous, Idlib and Dar'a.

UNFPA supported nine comprehensive reproductive health women centres in Damascus and Rural Damascus through the deployment of gynaecologists, midwives, psychosocial counsellors and nurses.

LEBANON

GENDER-BASED VIOLENCE SERVICES: Supported by UNFPA, Intersos has provided individual psychological counseling to 36 GBV survivors, who are Syrians and Lebanese aged between 10 and 48. The Fund reached 232 Syrian women through emotional support groups that aim to allow women to build networks and support mechanisms among themselves as peers and to identify women who are willing to act as liaisons between Intersos, UNFPA's implementing partner, and the community to identify potential GBV survivors and activate referral mechanisms when needed.

GENDER-BASED VIOLENCE OUTREACH ACTIVITIES: UNFPA through its implementing partner organized 47 outreach sessions in the areas of Aley (Aley, Kfr Shima, Chweifet), Chouf (Anount, Chihim, Mazboud and Mghayriyeh camp), and Baabda (Shatila camp and Borj Al Barajneh camp). The sessions reached 755 Syrian women and discussed a range of topics such as domestic violence, psychological pressures, good parenting, early marriage and GBV.

The Fund continued to implement the life-skills trainings in Beirut and Mount Lebanon, one training in each district reaching 58 women at risk.

GENDER-BASED VIOLENCE TRAINING: UNFPA through Intersos conducted a capacity building training for 25 specialized and non-specialized Lebanese GBV actors on GBV-related topics and engaged 631 Syrian boys in a peer-to-peer programme for both Lebanese and Syrian adolescents on GBV topics.

GENDER-BASED VIOLENCE RELATED MATERIALS: UNFPA has prepared and distributed 600 information, education and education materials on sexual and reproductive health, GBV, and early marriage, developed training materials on GBV reaching 60 individuals, and distributed materials to 360 beneficiaries through emotional support groups.

JORDAN

GENDER-BASED VIOLENCE SERVICES: A total of 5,252 received GBV services during the reporting period. Of the total, 395 GBV survivors benefited from safe and confidential specialized multi-sectoral services and 261 GBV survivors benefited from case management services. Furthermore, 1,399 women, girls, men and boys participated in self-reliance, vocational training and life skills training courses while a total of 812 women, girls, men and boys received general psychosocial support services.

UNFPA organized a movie show in Azraq camp, screening "Beating Is Shameful" a movie on domestic violence, where 59 women and girls attended the show. Open discussion followed and women and girls spoke out about their experiences and the impact on family and friends.

UNFPA conducted an awareness session for 40 women and girls on GBV and screened two videos about physical violence.

UNFPA organized 28 community awareness workshops on GBV and reproductive health related issues (13 sessions on reproductive health and 15 on GBV) targeting 348 Syrian refugees in Cyber City, King Abdullah Park and Emirati Jordanian camps. The sessions focused on safe behaviours in the camp and positive behaviors within the family, family planning, safe motherhood, breastfeeding, early marriage, pregnancy and HIV/Aids, while GBV awareness session focused on domestic violence, GBV prevention and response, sexual violence, sexual harassment, and available services in the camps.



Syrian women and girls attending a GBV outreach session in Chouf, Lebanon.
Credit: INTERSOS, 2014.

The Institute for Family Health/Nour Hussein Foundation (IFH/NHF) started delivering GBV services in all four UNFPA multi-service safe spaces in Zaatari camp. IFH/NHF, supported by UNFPA, completed the identification of 44 Syrian volunteers, female and male, who will be dedicated to run the programme in the four women's safe spaces.

IRAQ

GENDER-BASED VIOLENCE SERVICES: A total of 29 cases were reported and assisted with psychosocial support and appropriate referral; 21 received counseling, listening, psychosocial support and case management related services; and 6 cases have been referred to specialized services.

GENDER-BASED VIOLENCE AWARENESS AND OUTREACH ACTIVITIES: A total of 1,112 women and girls benefited from awareness raising sessions on GBV prevention and response inside and outside the camps. In addition, outreach volunteers reached a total of 764 women and girls with awareness raising on GBV, reproductive health, youth issues and available services.

GENDER-BASED VIOLENCE TRAINING COURSES: 36 staff from women safe spaces and the Directorate of Labour and Social Affairs received training on GBV case care to enhance their knowledge and skills in GBV concepts and thereby improve service provision/response.

WOMEN AND GIRLS SAFE SPACES: UNFPA supported nine women and girls spaces with day-to-day activities and staffing: two women's spaces in Domiz and Gawain camps in Dohuk, four women's spaces in Erbil (Basirma, Darashakran, Kawaragoesk, Qushtapa) and three women's spaces in non-camp settings in Erbil.

RECREATIONAL ACTIVITIES IN THE WOMEN CENTRES: A total of 890 women and 64 girls attended various recreational activities in UNFPA-supported women's spaces in camps and non-camp settings in the Kurdistan region. Twenty-five women recently graduated from the Kurdish language (50 days) intensive course at Rajan women's centre in Erbil. The Kurdish language will help the women to fit within the region and be able to find jobs.



Syrian women attending intensive Kurdish language training session at Rajan, UNFPA-supported women's centre in Erbil, Iraq. Credit: Veronica Njikko | UNFPA, 2015.

TURKEY

GENDER-BASED VIOLENCE RELATED MATERIALS: UNFPA provided 2,000 copies of "Protection of Family in Turkey" to the American Bar Association Rule of Law Initiative (ABA ROLI) for their GBV activity in Gaziantep.

EGYPT

GENDER-BASED VIOLENCE SERVICES: UNFPA supplied post-exposure prophylaxis (PEP) kits to four health providers in Cairo, Alexandria and the Delta region through coordination with UNHCR.

GENDER-BASED VIOLENCE OUT REACH SESSIONS: UNFPA carried out an awareness session on risks and consequences of early marriage at the Syrian Women Association (Soureiyat) community center in Cairo for 30 women and girls. The session is part of activities carried out at UNFPA-supported girls' spaces.

WOMEN AND GIRLS SAFE SPACES: Support of two safe spaces in 6th October and Masr al-Jadida for adolescent girls has started this month. The spaces will provide several services, including psychosocial support, training, recreational activities, awareness campaigns and sport activities.



UNFPA distributed dignity Kits to Syrian women during a basic life skills session in Chouf, Lebanon. Credit: INTERSOS, 2015.

SUPPORTING ADOLESCENTS AND YOUTH



Syrian girl basketball team in 6th October city in Egypt receiving training and health-related messages.

Credit: Bassem Harrata | UNFPA, 2015

UNFPA organized self-reliance, vocational training and life skills activities targeting 700 Syrian and Jordanian youth: 39 female refugees, 17 female Jordanians, 11 male refugees and 7 male Jordanians under 18 years old and 61 female refugees, 20 female Jordanians and 24 male refugees aged from 18 - 24 in host communities and 228 female refugees and 232 male refugees under 18 and 45 female refugees and 16 male refugees between 18 and 24 years old in the camps.

IRAQ

YOUTH RELATED TRAINING COURSE: During the reporting period, 23 youth attended the basic 5-day peer education trainings.

YOUTH RELATED TRAINING ACTIVITIES: Ten trainings were conducted in Domiz camp including peer education training, drawing, music, basketball, soccer, handcrafts and theater. In addition, weekly awareness sessions were carried out on sexual and reproductive health, early marriage and family planning.

In Erbil, a training of trainers training course took place with youth from Sulaymaniyah, Dohuk, Erbil and Garmiyah, targeting refugee youth in particular. There were a total of 13 females and 10 males. The training is designed to close the gap in the lack of peer educator trainers in the Kurdistan Region in general, and consequently within the refugee population. Those who were trained will return to their cities or camps to undertake training for new peer educators both in camps and non-camp settings.

JORDAN

UNFPA through the Institute for Family Health conducted 26 youth activities at the camps and at the static clinic in Deir Alla targeting 388 female and male youth. The youth activities included awareness sessions on reproductive health and GBV, life skills and recreational activities.

UNFPA-SUPPORTED FACILITIES



Number of women's spaces

SYRIAN ARABIC REPUBLIC

3

JORDAN

17

(10 in camps)

LEBANON

5

IRAQ

9

(3 in host communities)

EGYPT

2



Number of reproductive health clinics or mobile teams

SYRIAN ARABIC REPUBLIC

68

JORDAN

17

(10 in camps)

IRAQ

8 in camp

(40 in non camp)



Number of youth centres

JORDAN

7

(10 in camps)

LEBANON

5

IRAQ

1



Number of health facilities

SYRIAN ARABIC REPUBLIC

200

3 hospitals

JORDAN

All Ministry of Health Facilities /all NGOs providing RH services

IRAQ

All Ministry of Health Facilities

EGYPT

5

In Kawergosk and Darashakran camps, sessions were undertaken on photography for youth. Those who were trained professionally now hold sessions for their peers within the youth spaces. A total of 20 participants are taking part in the course, with an equal number of male and female participants.

Sessions took place in both Darashakran and Kawergosk camps for the peer educators to discuss their concerns and challenges.

SUPPORTING YOUTH CENTRES: Given the increasing numbers of youth seeking services in the youth centre in Domiz, new land was added to the centre and a new caravan was set up for youth activities. The new youth space in Gawilan refugee camp was established to respond to the needs of the large number of youth living in the camp without any support.

EGYPT

YOUTH RELATED TRAINING COURSE: Around 300 Syrian youth continue to receive football training for boys and basketball for girls three times a week in 10th of Ramadan and 6th October. During the training, behavioral change material was distributed and a weekly reproductive health awareness session has been incorporated into the program. A tournament with Egyptian teams in the area began, aiming to enhance social cohesion and sensitize the host community to the needs of Syrian refugees.

COORDINATION & CAPACITY BUILDING

SYRIAN ARAB REPUBLIC

UNFPA participated in the United Nations sector group meetings on health, protection, and logistics, as well as the United Nations Humanitarian Country Team and United Nations Security Cell meetings.

LEBANON

UNFPA co-chaired the reproductive health sub-working group meeting with participation of 12 international agencies. The main discussion points were around the challenges regarding reproductive health at primary and secondary health care level, youth health and the midwifery assessment conducted by the World Health Organization.

UNFPA co-chaired the monthly sexual and gender-based violence task force meeting. During the meeting, the context and trends related to the influx of Syrian refugees were discussed, as well as the priorities for 2015 (early marriage and involving men and boys in awareness raising on GBV). During the meeting, the International Rescue Committee (IRC) gave a presentation on their curriculum "My Safety My Wellbeing".

A separate meeting on how to involve men and boys in the fight against GBV was organized. Information on which programs were implemented in which areas was shared, as well as best practices and lessons learnt. Meetings on this topic will continue in order to be able to come up with a set of minimum standards on good programming.

JORDAN

UNFPA co-chaired the reproductive health sub-working group. Members discussed the health sector action plan, the work plan for 2015, mapping template and monitoring framework. A brief on classification and definitions of miscarriage and gender focal points network were presented during the meeting.

Youth task force discussed the action plan for 2015, focusing around youth participation, advocacy on behalf of youth and programming for youth needs.

IRAQ

UNFPA co-chaired the SGBV working groups in Erbil, Sulaymaniyah and Dohuk. During the reporting period, UNFPA facilitated a joint mission to review SGBV services in camps, in an effort to improve the quality of SGBV programming and to minimize duplication of services, working with members to ensure SGBV is key in emergency contingency plan for Dohuk. The working group revised the GBV referral form in Erbil, including guidelines. The harmonized referral form is currently being rolled out in all governorates, including Baghdad. UNFPA participated in a task force on child marriage among displaced populations to harmonize efforts and look at interventions that will reverse the trend.

TURKEY

UNFPA participated in the International Protection and International Standards on Health Response in Emergencies meeting organized by UNHCR, the Ministry of Health and AFAD and attended the NATO Civil-Military Interaction and Cooperation Seminar.

UNFPA participated in OCHA's bi-monthly humanitarian coordination meetings in Gaziantep and Hatay.

UNFPA participated in the United Nations Task Force weekly meetings in Ankara and conducted a field visit to Nizip Camp.

UNFPA participated in the monthly GBV working group meeting, where participants reviewed and discussed agency collaboration activities on GBV humanitarian response.

UNFPA attended the United Nations Syria Crisis Task Force biweekly meetings at the UN House in Ankara, field sector coordination meetings in Gaziantep or Hatay and the GBV working group monthly meetings at the Ministry of Family and Social Policies General Directorate of Woman's Status.

EGYPT

UNFPA participated in the health working group meeting, where members discussed the launching of mainstreaming into primary health care services for Syrian refugees in Cairo and the better management and referral of diabetes patients among Syrian refugees. They discussed the coordination efforts regarding community outreach activities.

UNFPA participated in the SGBV sub-working group meeting, where members discussed outreach and community activities, SGBV priority activities/projects, campaigns and early and forced marriage among Syrian populations.

CHALLENGES

SYRIAN ARAB REPUBLIC

Limited financial resources are affecting the ability of UNFPA to timely access of reproductive health and GBV services by beneficiaries.

The deteriorating security conditions are affecting the ability of humanitarian actors including UNFPA to provide timely assistance, which also results in increasing operational costs.

LEBANON

The GBV peer-to-peer training involving boys and adolescents faced the challenge of reaching a high number of targeted youth either because of school exams or because most of the Syrian boys work.

New projects could not be initiated due to funding constraints.

Granting visas to international consultants remains a challenge.

JORDAN

There are challenges in deploying qualified gynaecologists and obstetricians for new reproductive health centres in the camps since most local female obstetricians have their own private clinics and do not accept full-time outside employment; the majority of refugees have expressed a strong preference for female obstetricians and health workers.

High turnover between health care professionals has led to interruption of some services, and there is continuous demand for capacity building of new staff.

Increasing salary scales among health care professionals due to high demands and competition between organizations are stretching already scarce resources.

Movement of Syrian refugees and the inability to reach cases by phone creates a challenge to arrange visits and implement protection programmes and assure delivering continuity of required care.

There are challenges in the referral system for obstetric emergencies from the camps to hospitals outside; most of the cases were initially refused by the referral hospital outside the camps.

IRAQ

Funding for Syrian refugees is becoming scarcer partly due to the internally displaced people situation being given priority by many donors.

Human resources at UNFPA to effectively manage the overwhelming crisis continue to remain a concern.

TURKEY

There are weak data collection and management information systems. AFAD figures on deliveries are lower than humanitarian standard estimates would indicate, thus raising questions on unattended deliveries in camps and in host communities.

Host community and humanitarian services are negatively affected by collateral damage at the border region.

The discomfort of host communities is increasing for socio-economic and other reasons. There have been protests and violence against Syrians in Gaziantep, Sanliurfa and in some other places.

Significant changes have been made in the structure and leadership of the Turkish Ministry of Family and Social Policies and Ministry of Health. Ministry of Health structural changes at central and provincial levels have loosened integrated primary health care provision, particularly affecting reproductive health.

EGYPT

Refugees are scattered over large urban areas, which poses a challenge for most aid agencies to provide support for all refugees residing in Egypt. In addition, since the population is still regularly moving, allocation and provision of services are still difficult.

Registration of births of Syrian newborns in absence of the father or marriage certificate remains an issue that requires advocacy, although several legal and human rights organizations provide aid for registration for those cases.

Although the Egyptian Government has allowed access to medical and educational public services for Syrians, the issues of improving accessibility and the quality of service provision remain challenges and necessitate continual support and capacity building of those sectors in areas with a high concentration of Syrians.

The living conditions of the refugees are alarming, often living in crowded quarters with multiple family households. Lack of privacy contributes to tensions and increased domestic violence.

FUNDING

UNFPA Lebanon has been granted € 500,000, from the Government of Germany for interventions and activities related to GBV and women empowerment.



The European Union Commissioner for Humanitarian Aid and Crises Management, Christos Stylianides, visited the UNFPA-supported Jordan Health Aid Society reproductive health clinic at the Zaatari camp in Jordan
Credit: Ra'ad Addayleh | UNFPA, 2015

ECHO FROM THE FIELD

"I'm dreaming of living with my parents again. I need their embrace. I want my mother to hold me. I need it. I'm a mother who has to protect her children and a grown woman who must face her responsibilities. But as a refugee, far away from home and separated from my parents, I often feel like a child that needs the protection of a parent," says Hind, a 23 year old Syrian refugee woman in Lebanon.

Hind is visiting the women's centre to attend the training courses. "I want to learn more skills and find work because I want to be able to help my brother pay the bills."



A community woman leader facilitating a session on hygiene, Berqayel, North Lebanon.
Credit: UNFPA, 2015

DONORS & PARTNERS

UNFPA IS GRATEFUL FOR THE SUPPORT OF THE FOLLOWING DONORS IN THE SYRIA CRISIS:

Australia, Canada, European Commission, Germany, Italy, Kuwait, Netherlands, Norway, OCHA/CERF, Qatar, United States, United Kingdom, UNDP.

IMPLEMENTING PARTNERS

IN SYRIAN ARAB REPUBLIC: Ministry of Social Affairs and Labor (MOSA), Ministry of Health (MoH), Ministry of Higher Education (MoHE), Syrian Family Planning Association (SFPA), Syrian Arab Red Crescent (SARC) and International Medical Corps (IMC).

IN LEBANON: Ministry of Public Health, Ministry of Social Affairs, Lebanese Family Planning Association, Palestinian Red Crescent Society, Humedica, Makhzoumi Foundation, Amel Association, International Medical Corps and Caritas Lebanon, KAFA ("Enough Violence and Exploitation"), Akkarouna, INTERSOS, SHEILD, LOST, Heartland Alliance, Makassed Primary Health Care Centers, Mazloum Hospital and International Organization for Migration (IOM).

IN JORDAN: Ministry of Health (MOH), Institute for Family Health (IFH), International Medical Corps (IMC), International Rescue Committee (IRC), Jordanian Health Aid Society (JHAS), Family Protection Department (FPD), Un Ponte Per (UPP), Jordanian Women's Union (JWU), Youth Peer Education Network (YPE), NCFAs (National Council for Family Affairs).

IN IRAQ: Ministry of Culture, Sport and Youth (MCSP), Ministry of Labor & Social Affairs (MLSA), AL massela, START NGO and Harikar.

IN EGYPT: Ministry of Health (MOH), Resala and FARD Foundation.

IN TURKEY: The Disaster and Emergency Management Presidency (AFAD) of the Prime Ministry of Turkey, Ministry of Foreign Affairs (MoFA), and Ministry of Health (MoH), Ministry of Family and Social Policies (MoFSP), Turkish Red Crescent Society (TRCS), universities including Harran in Sanliurfa, NGOs including the International Middle East Peace Research Center (IMPR), Syrian Social Gathering, Syrian and American Medical Society (SAMS), International Medical Corps (IMC), Support to Life (STL) and Relief International.



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RELEVANT RESOURCES

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