



Two Syrian girls participating in marathon during the Sports Day in 6th October City, Egypt.

"My mother is so proud of me! She is telling everyone I am a champion. If you hear her, you would think I just won an Olympic medal," exclaimed 16 year-old Rana , the only girl in the top five runners in the UNFPA-supported marathon that took place during a Sports Day observed in 6th October City in Egypt.

Rana is also a member of the basketball team. "We trained three times a week. Initially, I did not know how to play, but now I am almost a professional," the Syrian girl jokingly remarked. Rana recounted how pleased she was when they were approached in her Syrian community school and informed about the trainings. "Ever since we came here, we felt locked up with nowhere to go; it was so nice to be out again. It almost felt like the good old days," she recollected. The trainings also included adolescent health education and awareness sessions on gender-based violence, including child marriage.

Rana has been in Egypt for three years. When the unrest in Syria started four years ago, her world turned upside down. "We were living in Aleppo when my father was kidnapped. We used to get threats all the time, and eventually we had to leave." Rana fled to Damascus with her mother, and then to Jordan before they decided to leave for Egypt. In view of safety considerations, her family thought she needed to travel with a man, so they married her off at the age of 13 years. Her father was able to join them last year, but sadly he passed away the same year. Rana decided to get a divorce and to reunite with her siblings and mother.

Life in Egypt has been difficult, Rana stated, but she and her family are getting more accustomed to it now. She was not able to join regular school since all her papers were lost, but she does attend a UNICEF-sponsored community school and the UNFPA youth centre. However, she is adamant on getting approval from Egyptian authorities to be able to complete her education and get into college. "We want more activities for youth; it is our only ray of hope," she maintained.

Credit: Sarah El-Araby | UNFPA, 2015.

HIGHLIGHTS

SYRIAN ARAB REPUBLIC

UNFPA delivers 48,800 reproductive health and family planning services to 16,270 women during the reporting period. Provides gender-based violence screening services to 720 women; of these, 165 women turned out to be gender-based violence survivors in Damascus and Rural Damascus.

LEBANON

UNFPA organizes six awareness sessions on early marriage to 90 women leaders from both the Syrian and Lebanese communities and distributes 200 pamphlets on early marriage and reproductive health.

JORDAN

UNFPA provides around 14,000 reproductive health services, 89 percent inside the camp. UNFPA reaches 7,993 beneficiaries with reproductive health-related messages. Fifteen gender-based violence support groups were established in the Zaatari camp while 432 gender-based violence survivors access UNFPA-supported safe and confidential case management services.

IRAQ

Around 2,000 women participate in recreational activities in women safe spaces in the seven camps. UNFPA reach 1,000 women and girls and sensitize them on gender-based violence, reproductive health and youth issues. A total of 164 youth participate in different activities in the youth safe spaces.

TURKEY

UNFPA provides reproductive health and family planning services to 2,166 Syrian women and gender-based violence services to 319 women in Urfa and Mersin.

EGYPT

Thirty-two Syrian youth receive a volunteerism and human rights training. UNFPA organizes a Sports Day for 300 Syrian youth and distributes 2,000 copies of reproductive health and gender-based violence material. Ninety women participated in an awareness session on reproductive, mental, and child health in Cairo, Damietta, and Alexandria

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.



UNFPA, together with the international community, has been urging for a quick end to the Syrian crisis, warning against further deterioration of the humanitarian situation and calling for the rights of women and girls to be placed at the centre of international efforts for peace, and humanitarian response and recovery in the conflict-hit country.

Over the tragic five-year arc of conflict, as many as 220,000 people have been killed, 7.6 million have been displaced, 12.8 million are in need within Syria, and 4 million have sought refuge in neighbouring countries. The total affected population includes 4 million women and girls of reproductive age, and half a million pregnant women.

During April, the United Nations Security Council raised alarm that the Syrian crisis has become the world's largest humanitarian emergency crisis today, threatening regional peace and security, with diverse implications on neighbouring countries and massive population displacement. The Council emphasized the need to end the armed conflict-related sexual violence and to initiate stronger action to end sexual violence as a tool of war and terror.

The Human Rights Watch published a report documenting systematic rape against Yazidi women and girls by ISIS forces in Iraq. The Secretary-General's Special Representative on Sexual Violence in Conflict conducted a field visit to the six countries affected by the Syrian crisis to assess and gain a better understanding of the needs of the displaced Syrian population affected by sexual violence, as well as to mobilize other United Nations actors to gear support towards survivors of conflict-related sexual violence. The visit also focused on the issue of sexual violence perpetrated against minority communities in Iraq.

UNFPA, together with other United Nations agencies, is working with governments and non-governmental organizations to end conflict-related sexual violence, improve coordination and accountability, amplify programming and advocacy, and respond to the needs of gender-based violence survivors.

HUMANITARIAN SITUATION



Zeinab Hawa Bangura, Special Representative of the Secretary-General on Sexual Violence in Conflict, (right) talking with a nine year-old girl holding her young sibling in the UNFPA women space during her visit to Za'atari camp in Jordan

"Extremist groups are using sexual violence as a tactic of terror in Iraq and Syria. Sexual violence is fundamental threat to international peace and security and requires operational security and justice responses," said Bangura.

"Who do not respect you in normal setting... will not respect you during an emergency," she added.

Credit: Ruba Hikmat | UNFPA, 2015.

SYRIAN ARAB REPUBLIC

The security situation in Syria remained very tense, with notable developments observed across the country, especially in areas controlled by Syrian armed opposition groups in Idlib, and on the Syria-Jordan border in Dar'a. As a result of tension, the Jordanian government closed the northern border crossing with Syria for passengers and transportation of goods.

The Islamic State of Iraq and the Levant (ISIL) armoured group increased their violent activities in the central and southern parts of the country, while clashes reportedly also took place between Syrian armed opposition groups and Syrian security forces in the north. In addition, during the reporting period, the country witnessed increased security incidents such as mortar, rocket, and improvised explosive device attacks in major cities. As such, the violence-affected people in Rural Damascus, Dar'a, Homs, Idlib, Aleppo, and Raqqa continued to have limited access to reproductive health and gender-based violence-related services.

The deteriorating security situation affected the ability of humanitarian actors, including United Nations agencies, to deliver humanitarian aid and assistance to besieged areas in Rural Damascus, Aleppo, Deir-ez-Zor, Idlib and Dar'a, especially through joint United Nations convoys.

The alarmingly strict social norm that ISIL is practicing in controlled areas in the north, including slavery and sexual exploitation, along with limited access to these areas by humanitarian actors, continue to expose women to serious risks of gender-based violence.

The collapse of the social fabric is draining the coping mechanisms of Syrian people, including women and young girls. Implementing partners have observed that women in some areas exchange sex for protection, using it as a coping mechanism when confronted with armed persons.

The continuous decline in the value of the Syrian pound is affecting the economic power of Syrian families, including women and young people. This economic challenge exposes women and young girls to numerous risks including social humiliation and sexual gender-based violence.

LEBANON

The United Nations humanitarian delegation (comprising the Humanitarian Envoy for Kuwait, High Commissioner for Refugees, Special Coordinator for Lebanon, and UNHCR Country Representative) announced the creation of specialized nurseries for Syrian refugee children in Lebanon. The project, which will be launched soon, focuses on the health and education of refugees, and will begin with the establishment of nurseries for children aged 1-5 years. The project will also offer psychological services.

Speaking on the occasion of the announcement, the UNHCR High Commissioner reiterated that the current crisis is of a long-term character, and warned that it will continue to put additional strain on the fragile political and economic system of Lebanon while also affecting the security situation within the country. His main advocacy points with the Prime Minister pertained to residence permit renewal for refugees, birth registration for Syrian children, and adoption of a positive attitude towards self-reliance and livelihood opportunities for Syrians.

A Joint Analysis Unit was established as part of the Lebanon Crisis Response Plan (coordinated by the Office of the Resident Coordinator and the Government of Lebanon). This Unit provides analytical support to evidence-based programming and advocacy in line with the needs and priorities of the Government of Lebanon and the related requirements of other development and humanitarian response actors.

JORDAN

Due to the deteriorating and continuing conflict in Syria, many new arrivals have left Dar'a on Syria's southern border with Jordan. In the Azraq camp, the number of refugees increased during the reporting period, reaching 17,738 individuals (males: 51.3 percent; females: 48.7 percent). The Zataari camp is hosting around 83,501 refugees, 50 percent of them being females.

Ever since the declaration of the new Jordanian policy on access to health services, which increased some fees, many non-governmental health care providers reported increasing demand for reproductive health services in refugee camps and in hosting communities. During the reporting period, 2,012 refugees accessing UNFPA's reproductive health services were registered.

IRAQ

Over 233,625 Syrian refugees are registered with UNHCR in Iraq; of these, 64 percent constitute women and children. A majority of the refugees are residing in the Kurdistan region of Iraq in Dohuk, Erbil, and Sulaymaniyah. While 56 percent of the refugees are residing with host community, about 40 percent are living in camps, and the remaining 4 percent in other governorates in Iraq, mainly in Anbar.

The effects of the arrival of refugees from Kobane, coupled with escalating internal conflict in central Iraq, have immeasurably compounded the humanitarian and security situation in Iraq.

QUICK FIGURES

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	1,196,560
SYRIAN WOMEN AND GIRLS OF REPRODUCTIVE AGE	299,189
SYRIAN PREGNANT WOMEN	21,179
SYRIAN YOUTH	212,112

JORDAN:	
SYRIANS AFFECTED BY THE CRISIS	628,427
SYRIAN WOMEN AND GIRLS OF REPRODUCTIVE AGE	153,386
SYRIAN PREGNANT WOMEN	11,123
SYRIAN YOUTH	131,533

IRAQ:	
SYRIANS AFFECTED BY THE CRISIS	247,861
SYRIAN WOMEN AND GIRLS OF REPRODUCTIVE AGE	56,922
SYRIAN PREGNANT WOMEN	4,387
SYRIAN YOUTH	65,839

TURKEY:	
SYRIANS AFFECTED BY THE CRISIS	1,718,147
SYRIAN WOMEN AND GIRLS OF REPRODUCTIVE AGE	429,536
SYRIAN PREGNANT WOMEN	29,116
SYRIAN YOUTH	257,7220

EGYPT:	
SYRIANS AFFECTED BY THE CRISIS	133,862
SYRIAN WOMEN AND GIRLS OF REPRODUCTIVE AGE	34,177
SYRIAN PREGNANT WOMEN	2,370
SYRIAN YOUTH	28,458

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

TURKEY

According to the Ministry of Health, the total number of Syrians registered in Turkey stood at 1,757,500 during the reporting period, with another 255,562 Syrian refugees residing in shelters in 10 provinces.

As the conflict in Syria continues, so does the struggle to survive for millions of Syrian refugees. Thousands of refugees have opted to leave the camp in border areas and move to big cities such as Ankara and Istanbul in search for jobs.

Refugees who leave the camps face the risk of major health issues including tuberculosis (TB) and upper respiratory tract infections. Turkey does not offer free treatment for TB. Due to the contagious nature of the disease, it is still considered a high-risk illness. For the first time in 30 years, the number of TB cases in Turkey has increased. Syrian refugees are often unable to receive consistent treatment for TB to fully recover, creating a risk for themselves and for the people around them.

The Ministry of Health circulated a regulation on health services to Syrians covered under temporary protection. Syrian refugees can

receive primary health care in and out of camp, secondary and tertiary healthcare in hospitals, and emergency healthcare services for wounded Syrians brought from the borders.

EGYPT

The number of registered Syrian people who have sought refuge in Egypt reached 133,619 during the reporting period. Most of the 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 cost as Egyptians. However, issues related to quality and availability of services remain a major challenge, given that the public sector is already struggling to meet the needs of the Egyptian population. With the prolongation of the crisis and decreased funding, the vulnerabilities of Syrian refugees are escalating, particularly in terms of debts incurred due to healthcare costs, and increased risk of gender-based violence.

HUMANITARIAN RESPONSE

SEXUAL AND REPRODUCTIVE INCLUDING FAMILY PLANNING



Kawther, a nurse working at the UNFPA-supported reproductive health clinic at Kawergosk camp, said, "Many cases were diagnosed with reproductive tract infections. The hygiene and lack of clean water are the main factors behind the increase of the disease trend."

Credit: Shayda Hessami | UNFPA, 2015.

SYRIAN ARAB REPUBLIC

REPRODUCTIVE HEALTH SERVICES: UNFPA continued to support its implementing partners in delivery of lifesaving reproductive health services to affected people in Syria. As such, 48,800 reproductive health and family planning services were provided to 16,270 women during the reporting period. Safe delivery services were also extended to 450 women through the UNFPA reproductive health vouchers; of the 600 women who availed these services, 230 opted for Caesarean section. Moreover, UNFPA provided essential services in 165 cases of gender-based violence.

REPRODUCTIVE HEALTH AWARENESS ACTIVITIES: The UNFPA-assisted Syrian Arab Red Crescent (SARC) and the Syrian Family Planning Association (SFPA) mobile teams reached 3,000 women in Damascus, Rural Damascus, Homs, Aleppo, Tartous, and Hama with awareness-raising sessions on reproductive health including family planning.

SUPPORTING HUMAN RESOURCES: UNFPA continued to support the 28 mobile clinics, 27 static clinics, 13 medical points, and mobile teams of SFPA and SARC through deployment of 207 obstetricians, gynaecologists, midwives, nurses, and social workers in 12 governorates.

LEBANON

REPRODUCTIVE HEALTH SUPPLIES: During the month of April, expired reproductive health-related medicines and kits in two healthcare facilities in northern Lebanon were replenished with new stocks.

REPRODUCTIVE HEALTH OUTREACH: UNFPA, through its partners, organized six awareness sessions on early marriage. The sessions were

conducted by trained women leaders and benefited 90 women from both the Syrian and Lebanese communities in the region of Akkar, northern Lebanon.

REPRODUCTIVE HEALTH RELATED MATERIALS PRODUCTION AND DISTRIBUTION: UNFPA, with the assistance of its partners, produced and distributed 200 pamphlets and information leaflets on early marriage and reproductive health to Syrian refugee women.

JORDAN

REPRODUCTIVE HEALTH SERVICES: A total of 12,032 reproductive health services were provided at the UNFPA-supported facilities during the reporting period. Around 89 percent of the women benefited from these services inside the camp; 63 percent of the women were aged above 24 years.

A total of 2,635 women received ante-natal care services; 14 percent of these women were in host communities. Women under 18 years of age formed 11 percent of the total beneficiaries, while those above 24 years formed 46 percent. Similarly, 858 women benefited from family planning services during the reporting period; of these, 67 percent were living inside the Zaatari camp. Meanwhile, 13 percent of the 786 women who were screened were suffering from anemia.

REPRODUCTIVE HEALTH AWARENESS SESSIONS: UNFPA reached 7,993 beneficiaries with reproductive health-related messages; of these, 11 percent were living with host communities, and 89 percent in the camp.

REPRODUCTIVE HEALTH TRAINING: UNFPA's implementing partners arranged three trainings on reproductive health protocols, family planning counseling, and the referral system. These trainings targeted 66 health care providers in the Ministry of Health and international and national NGOs working with refugees in camps and in host communities.

In the Azraq camp, 1,416 reproductive health services were provided in UNFPA-supported facilities; 27 percent of the total reproductive health beneficiaries were patients attending ante-natal care services. Their number increased by 8.1 percent during the reporting period as against the previous month. Most of the new cases were among recent arrivals at the camp. All these women received basic examination, check-up, and prescription of routine medications during their visits to the two supported clinics in the camp. In addition, 165 clients received family planning services during the reporting period, showing a 42 percent increase as against the previous reporting period.

UNFPA conducted a thematic meeting on gender-based violence with the Ministry of Health to discuss the interconnection between gender-based violence and reproductive health in humanitarian and resilience context. The meeting also featured a discussion on key achievements and challenges.

IRAQ

REPRODUCTIVE HEALTH SERVICES: During the reporting period, 108 women received ante-natal care, 10 women received post-natal care, 45 women received treatment for sexually transmitted diseases, and 73 women received family planning services. Moreover, 144 babies were safely delivered in hospitals and maternities supported by UNFPA; three pregnant women opted for Caesarean section deliveries supported by UNFPA.

REPRODUCTIVE HEALTH AWARENESS SESSIONS: UNFPA organized six awareness sessions on family planning for 20 women in the Sulaymaniyah governorate; another 125 women and girls benefited from an awareness session on reproductive health issues in the Domiz camp.

TURKEY

REPRODUCTIVE HEALTH SERVICES: During the reporting period, UNFPA, through its partners, namely, the Syrian Social Gathering (SSG) in Mersin, International Middle-East Peace Research Centre (IMPR), and Harran University Department of Public Health in Sanliurfa, provided reproductive health and family planning services to 2,166 Syrian women in Urfa and Mersin. Of these, 33 Syrian women under the age of 18 years received reproductive health services.

REPRODUCTIVE HEALTH SUPPLIES: A total of 6,272 dignity kits (1,440 for males and 5,760 for females) were distributed in the Suruc district of Urfa.

REPRODUCTIVE HEALTH AWARENESS SESSIONS: UNFPA, through the SSG in Mersin and IMPR in Urfa, organized 10 awareness sessions on reproductive health for 312 Syrian women.

ECHO FROM THE FIELD



Dr. Mehedin is a Syrian refugee doctor who started his work at a UNFPA-supported clinic in Darashakran camp then moved to Kawergosk camp in Iraq. Dr Mehedin provides family planning counselling to Syrian couples inside the camp. "In less that a year, I managed to provide needed services to 661 pregnant women from both inside and outside the camp. It is a conservative community; women feel more comfortable to communicate with female doctor. Many women can't come as their husbands do not accept their wife being diagnosed by a male doctor."

Credit: Shayda Hessami | UNFPA, 2015.

REPRODUCTIVE HEALTH TRAINING: UNFPA, through the SSG, organized a training course on female and male genital organs and genital hygiene for 20 participants in Mersin. A total of 399 women benefited from reproductive health training and awareness sessions held in the three counseling units in Urfa, Harran University, and Mersin.

REPRODUCTIVE HEALTH COMMUNICATION MATERIALS: UNFPA re-printed 300 copies from a set of nine brochures on safe motherhood developed by the Ministry of Health for distribution in and out of camp, mainly in the southeastern part of Turkey.

SUPPORTING HUMAN RESOURCE: UNFPA continued to support staff (psychologists, two Arabic teachers, a data processor, and midwives) in the NGO women counseling centres and in Harran University.

EGYPT

REPRODUCTIVE HEALTH AWARENESS SESSIONS: Around 90 women in Cairo, Damietta, and Alexandria participated in an awareness session organized to familiarize Syrian refugees with available primary health care services. During the session, UNFPA distributed awareness materials on gender-based violence, reproductive health, and available services. This was followed by an open discussion during which the participants asked questions related to reproductive, mental, and child health.

Based on the community needs assessment, UNFPA organized an awareness session on puberty and adolescent health, nutrition, and mental health awareness for 34 young women in the UNFPA-supported safe space in 6th October City.

GENDER EQUALITY AND WOMEN'S EMPOWERMENT

SYRIAN ARAB REPUBLIC

GENDER-BASED VIOLENCE SERVICES: During the reporting period, UNFPA-assisted SARC and SFPA clinics and mobile teams offered medical examinations and psychosocial support to 1,420 women residing in the affected areas of Damascus, Rural Damascus, Idlib, Homs, and Tartous. In Damascus and Rural Damascus, gender-based violence screening services were provided to 720 women; of these, 165 women turned out to be gender-based violence survivors, who consequently received medical examinations, community services, and legal advice at the UNFPA-assisted SFPA clinic.

GENDER-BASED VIOLENCE SUPPLIES: As part of the joint United Nations convoys, and through implementing partners including SARC and SFPA, UNFPA provided dignity kits and other hygiene supplies to 4,700 women and men residing in Aleppo and Rural Damascus. UNFPA continued coordination with OCHA and WFP to dispatch humanitarian assistance aid to Beit Sahem, Babila and Yalda in Rural Damascus.

GENDER-BASED VIOLENCE AWARENESS SESSIONS: UNFPA and its partners in Damascus, Rural Damascus, Homs, Lattakia, Tartous, Idlib and Dar'a provide 4,200 gender-based violence services, including 2,100 psychosocial support services during the reporting period.



Kwestan, a 31 year-old social worker at the UNFPA-supported El Mesala women safe space at Kawergosk camp, explained the situation of Syrian refugee women as they arrived at the camp: "Alone, without their husbands or children, they looked around, exploring the area with eyes full of fear; trying to find hands, help, or warmth. An extremely troubled state!" Kwestan narrated in simple yet meaningful words.

"With a lot of courage, which I gained from these very women, I decided to start my work, providing support and nursing their psychiatric health," Kwestan recalled.

"Hamsa is one of the Syrian women who attended a sewing course that I had organized. She was going through a tough time with her husband at that time, but as she associated with other women in the camp, and gathered the courage to initiate a discussion with her husband, all their disputes gradually settled. By the time she completed the course, she had returned to her husband."

Eman is another woman who approached Kwestan at the time of the interview. "With an aching heart and tearful eyes, she narrated details of being physically abused by her husband. I offered to speak to him, but she was of the view that once we find an employment opportunity for him, he would cease to abuse her."

Syrian refugee women are accustomed to the camp and visit the centres regularly, both to discuss their struggles and to acquire skills. Many of the women feel that the courses have positively impacted their mental and emotional health, yet they hope to gain some financial benefit as well in order to support their families.

"These women, who have worked tirelessly to learn how to sew, are desperately in need of financial assistance. A factory where they can design and sell clothes could totally change their life," Kwestan said.

Read the full Story of Eman on www.unfpa.org

Credit: Shayda Hesami | UNFPA, 2015.



Nabela, a 32 year-old Syrian mother of five girls, attended the UNFPA-supported women leadership training session. Nabela left Aleppo with her husband and children at the beginning of the conflict, and sought refuge in Akkar in northern Lebanon. "Let alone the hardship of crossing through dangerous zones inside Syria, traveling with five young girls made our journey harder," Nabela reminisced, while referring to the constant worry that she and her husband experienced concerning their girls, given the high rates of harassment. The same fear has led Nabela to consider marrying off her 13 year-old daughter to a suitor, who is the son of the landlord who rented them their apartment.

Throughout the training programme, which was organized by the Lebanese Family Planning Association with the support of UNFPA, Nabela found herself learning about women's health issues, as well as connecting to refugee and Lebanese women who went through various hardships. She got a chance to share common experiences with them. "I seek the opportunity to simply get out of the house, meet new people, and change my daily routine," she stated.

Sara, Nabela's 14 year-old daughter, started accompanying her to the training, where participants openly discussed issues including child marriage and its implications on the health and future of young girls, a subject of particular concern to her.

While acquiring knowledge about the risks of child marriage, Nabela was simultaneously raising the awareness of her own child, who had a suitor requesting her hand in marriage. "Mom and I both agreed to turn down the offer, and any other offer, before I am truly ready for marriage on the basis of my age, health status, and emotional conditions. My priority now is to continue my education, and to continue doing my favourite thing in the world: writing," said Sara, who rejected the marriage proposal, and insisted on enrolling back in school while pursuing her hobbies of writing poetry, drawing, and dreaming about the day she gets reunited with her grandparents in Syria.

Credit: Farah Abdelsater | UNFPA, 2015.

GENDER-BASED VIOLENCE TRAINING: In cooperation with SFGA, 57 psychosocial support counselors and legal advisors completed a two-day orientation workshop on psychosocial support and psychological first aid.

WOMEN AND GIRLS SAFE SPACES: UNFPA supported 11 comprehensive reproductive health women centres in Damascus, Rural Damascus, Aleppo, Sweida, Lattakia, Tartous, Hasakah, and Hama through deployment of gynaecologists, midwives, psychosocial counselors, and nurses.

LEBANON

In partnership with UNICEF, UNFPA has currently undertaken a mapping exercise to ascertain and identify actors and resources relevant to interventions targeting and led by youth within the humanitarian context in Lebanon.

JORDAN

GENDER BASED VIOLENCE SERVICES: During the reporting period, 15 gender-based violence support groups were established. UNFPA-implementing partners recruited and deployed in Zaatari camp a full time gender-based violence technical expert with extensive counseling, supervisory, and safe spaces management experience.

A total of 432 gender-based violence survivors accessed safe and confidential case management services; their majority comprised women and girls.

A total of 2,661 women, girls, men and boys benefited from self-reliance, vocational training and life skills activities; 4,090 were directly sensitized on gender-based violence issues, available services, and referral pathways; and 2,215 were reached through outreach visits; 77 percent of these beneficiaries were females.

UNFPA, through its partners, organized community awareness workshops on gender-based violence and reproductive health-related issues in the women safe space at Zaatari camp. The workshops specifically targeted adolescent girls, women, and mothers, especially those defined as high-risk in the reproductive health assessment, male and female survivors of violence, and female-headed households.

A total of 118 awareness sessions (50 on reproductive health and 68 on gender-based violence issues) were conducted, targeting 2,963 Syrian refugees in the camp. These sessions focused on safe behaviour in the camp, and positive behaviours within the community, family planning, safe motherhood, breastfeeding, early marriage/pregnancy, and sexually transmitted diseases.

In the Azraq camp, UNFPA provided protection services at the reception area to 285 newly-arrived female heads of households and their 562 dependents. An average of 9.19 female-headed households per day utilized protection services at the reception area. A majority (40 percent) of the women who received these services were aged between 18-29 years while 21 percent represented the 40-49 years age group.

UNFPA conducted three awareness sessions on early marriage and women's rights during the reporting period, reaching 104 women and adolescent girls, and 13 males.

UNFPA organized community awareness workshops at Cyber City refugee camp, King Abdullah Park refugee camp, and Emirati Jordanian camp, as well as in host communities. These workshops addressed subjects related to gender-based violence and reproductive

health and specifically targeted vulnerable women and girls. A total of 54 awareness sessions were conducted; of these, 19 sessions were on reproductive health and 35 on domestic violence, gender-based violence prevention and response, sexual violence, sexual harassment, and available services in camps. The workshops targeted 835 Syrian refugees in camps.

GENDER-BASED VIOLENCE WOMEN'S CENTRES: UNFPA is working on expansion of the women safe space at Site 2 in the Zaatari camp. The expansion will increase the capacity of services provided by one-third, and availability of indoor space by 150 percent.

IRAQ

GENDER BASED VIOLENCE SERVICES: Three domestic violence cases were reported in Erbil during the period under review. Another 38 gender-based violence cases were reported in Dohuk; of these, two were related to sexual violence, 20 to physical violence, and 13 to emotional violence.

Ten women received counseling services in the Basirma camp while nine cases were referred to the directorate of the camp. In the Darashakran camp, four women received psychosocial support and listening services, while 12 cases were referred to the camp manager. Two women received psychosocial support in the Kawergosk camp. In the Qushtapa camp, five women received psychosocial support and another five cases were referred to UPP, an Italian NGO.

In Dohuk, UNFPA provided counseling, listening, psychosocial support, and case management to 33 women. It also arranged clinical management of two rape cases while seven cases were referred to specialized service centres.

GENDER BASED VIOLENCE RELATED SUPPLIES: UNFPA distributed 108 dignity kits to women and girls in Dohuk.

GENDER-BASED VIOLENCE AWARENESS SESSIONS: As many as 60 women and girls benefited from literacy and personal hygiene sessions in the Basirma camp. In the Darashakran camp, around 55 women and girls were reached with information on early marriage, social awareness, and reproductive health of women. In the Kawergosk camp, 103 women and girls benefited from sessions on protection of persons with disabilities, and family planning.

In the Qushtapa camp, a total of 77 women and girls participated in an awareness session on domestic violence, teenage pregnancy issues, family planning, and dealing with teenage-related issues.

In Dohuk, 810 women and girls benefited from awareness raising on gender-based violence, reproductive health, youth issues, and available services. These sessions were carried out by outreach volunteers.

RECREATIONAL ACTIVITIES IN WOMEN CENTRES: As many as 126 women and girls participated in recreational activities in women safe spaces in Domiz 1, Domiz, and Gawilan camps; 52 women and girls attended a hairdressing courses; 57 women and girls attended a sewing training; and 17 women and girls attended a knitting course. In the Basirma camp in Erbil, 425 women and girls participated in crochet and Kurdish language courses. In the Darashakran camp, 294 women and girls attended tailoring and make-up sessions. In Kawergosk, 817 women and girls participated in computer and crochet sessions while in the Qushtapa camp, 204 women participated in tailoring sessions.



Aicha, a 39 year-old single Lebanese woman participated in a women's leadership training, only to discover a new passion for raising awareness of other women and girls on issues seen as taboo. "I never knew I could have enough confidence to learn, train, and follow up with other women about matters that I could not discuss earlier on. This project has helped me realize that I too can offer something to the community," said Aicha.

Aicha's new-found confidence after attending the training made her aware that it was important for every woman to know and adopt family planning, personal hygiene, and child care skills, among others. "Even single women like me should be equipped with this knowledge, since refugees as well as women from our communities refer to us for advice and questions."

Aicha's involvement in the community also made her reconsider her stay at home. "I would like to re-enroll next fall for the sociology classes that I was attending in college; perhaps earn myself a Bachelors degree so that I can work on a full-time basis, raising the awareness of women and conducting field work," she stated.

Credit: Farah Abdelsater | UNFPA, 2015.

TURKEY

GENDER-BASED VIOLENCE SERVICES: UNFPA, through its partners, namely, the Syrian Social Gathering (SSG) in Mersin, International Middle-East Peace Research Centre (IMPR), and Harran University Department of Public Health in Sanliurfa, provided gender-based violence services to 319 women.

GENDER-BASED VIOLENCE AWARENESS SESSIONS: UNFPA, through its implementing partners, organized four awareness sessions on early marriage, parental violence against children, tips for expectant wives to avoid couple problems, and early school leaving. These sessions reached 504 Syrian women through counseling units in the Nizip I camp.

GENDER-BASED VIOLENCE OUTREACH/VOLUNTEER ACTIVITIES: UNFPA, through its partner Harran University in Urfa, offered a Turkish language course to 25 Syrian refugees so that they are able to communicate with their counterparts in host communities and narrow the language barrier.

SUPPORTING ADOLESCENTS AND YOUTH



Syrian youth refugees participating in a marathon during the Sports Day in 6th October City in Egypt.

Credit: Mohamed Abdel Wahab | UNFPA, 2015

JORDAN

UNFPA, in partnership with youth educators of the Institute of Family Health, conducted 53 youth activities for 716 female and male youth aged 15-24 years. These activities were held in camps and in the static clinic in Deir Alla. The awareness sessions focused on life skills, recreational activities, gender-based violence, and reproductive health. These subjects were identified in accordance to the needs of the participants.

IRAQ

During the period under review, a new youth space was created in the Gawilan refugee camp. Basic peer education training was imparted to a boy and a girl, who were identified to work in the centre.

In Domiz camp, a volleyball training was organized for 20 girls in the Sardam youth space; the training was held five days a week; two hours a day. A music course was organized for 23 aspirants (9 female and 14 male participants); classes were held four times a week, two hours a day, while a drawing and art course was conducted for 18 youth (10 male and 8 female participants); classes were held five days a week. A sculpturing course took place for 17 youth; classes were held five days a week, and also included a peer education session held once or twice a week. Finally, basketball training was carried out for 16 male youth; sessions were held five times a week, two hours per day.

In Kawergosk camp, computer training was organized for 14 aspirants (8 female and 6 male participants), while a drawing course was organized for 18 participants; classes were held five days a week, one-and-a-half hour per day. Meanwhile, in Darashakran camp computer and drawing courses were organized for 38 participants.

EGYPT

YOUTH ACTIVITIES: A total of 32 Syrian youth received a volunteerism and human rights training organized in collaboration with Y-PEER and Arab Organization for Human Rights. The training was held in 6th October City.

UNFPA supported a Sports Day event in 6th October City for 300 Syrian youth. Organized to commemorate the Arab Orphan's Day, the event teed off with Syrian boys and girls participating in a running competition. The day also featured Syrian cultural shows. Exceptional participants and winners in the sports activities in 6th October and 10th of Ramadan cities received accomplishment prizes. UNFPA publications on gender-based violence and youth involvement were distributed during the event.

PRODUCTION OF SUPPORT MATERIALS: As many as 2,000 copies of reproductive health and gender-based violence material were distributed to Syrian refugee youth in Greater Cairo.



Participants during the volunteerism training held at the Arab Organization for Human Rights. Credit: Ahmed Nader|UNFPA, 2015

Credit: Ahmed Nader | UNFPA, 2015.

COORDINATION & CAPACITY BUILDING

SYRIAN ARAB REPUBLIC

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

UNFPA discussed with ESCWA and the American University of Beirut, a proposed intervention to improve the status of women and to engage them in the post-crisis transitional period. The intervention also included the creation of a mechanism for sharing of updated reproductive health and gender-based violence data on Syria for preparation of the Strategic Planning Framework and the Commission on Population and Development.

LEBANON

The United Nations Youth Task Force chaired by UNFPA and co-chaired by UNICEF convened its first meeting in April. The introductory meeting featured a discussion on several issues, with a particular emphasis on resilience.

The Sexual and Gender-Based Violence Task Force meeting chaired by UNHCR and co-chaired by UNFPA and UNICEF met during April

to discuss the mission of the Special Representative of the Secretary-General on Sexual Violence in Conflict to Lebanon.

The Gender-Based Violence Task Force initiated, during the reporting period, a discussion with child protection partners on early marriage and child survivors of gender-based violence. The idea was to discuss trends, share information, and design a collective, uniform approach on addressing crosscutting issues.

Sixteen participants from 14 international agencies participated in the Reproductive Health Sub-Working Group meeting. The meeting featured a discussion on HIV/STI needs and gaps with the Director of the National Aids Control Programme. Updates related to provision of reproductive health services and commodities and to the revision of the reproductive health national service delivery guidelines were also discussed by the Ministry of Public Health and UNFPA. UNFPA briefed participants on the ongoing family planning mapping exercise, and UNFPA, UNICEF and ABAAD provided updates on clinical management of rape services and challenges.

An inventory of available reproductive health-related awareness materials was shared with members of the Reproductive Health Sub-Working Group; the material will be updated by all participating agencies.

UNFPA-SUPPORTED FACILITIES



Number of women's spaces

SYRIAN ARAB REPUBLIC

3

JORDAN

17

(10 in camps)

LEBANON

5

IRAQ

9

(3 in host communities)

EGYPT

2

TURKEY

1



Number of reproductive health clinics or mobile teams

SYRIAN ARAB REPUBLIC

68

JORDAN

17

(10 in camps)

IRAQ

8 in camp
(40 in non camp)

TURKEY

4



Number of youth centres

JORDAN

7

(10 in camps)

LEBANON

5

IRAQ

1



Number of health facilities

SYRIAN ARAB REPUBLIC

200

3 hospitals

JORDAN

All Ministry of Health Facilities
/all NGOs providing RH services

IRAQ

5

EGYPT

5

TURKEY

4

JORDAN

UNFPA chaired the Reproductive Health Sub-Working Group meeting, where partners discussed the importance of reporting on the revised reproductive health indicators monitoring template, and reporting on cases of miscarriages and post-abortion care.

UNFPA, together with UNHCR, co-chaired the bi-weekly National Gender-Based Violence Sub-Working Group meeting held at Zaatari camp.

UNFPA participated in the Protection Against Sexual Violence and Exploitation Network in Jordan, coordinated by UNHCR.

The Gender-Based Violence Information Management System (IMS) Task Force released the first report of the Gender-Based Violence IMS, covering eight months of data collection.

UNFPA renewed its co-chairmanship with NRC for six months. UNFPA conducted a reproductive health presentation for members of the Youth Task Force in Zaatari camp on early pregnancy and the mental and physical health risks related to it.

IRAQ

UNFPA chaired the Gender-Based Violence Sub-Cluster at Erbil, Dohuk, and Sulaymaniyah governorates and participated in the protection sector inter-agency meeting. The focus of the month was to address sexual harassment, which is getting more serious among the displaced population in Sulaymaniyah.

TURKEY

UNFPA attended the biweekly meetings of the United Nations Syria Crisis Task Force in Ankara and field sector coordination meetings in Gaziantep.

UNFPA chaired the monthly meeting of the Gender-Based Violence Working Group at the Ministry of Family and Social Policies, General Directorate of Woman's Status, to discuss agency collaboration activities on the humanitarian response to gender-based violence.

The gender-based violence sub-cluster, in collaboration with the child protection sub-cluster, organized a three-day training on gender-based violence response in humanitarian settings and standard operation procedures (SOPs) with the participation of 20 people and 12 organizations. The objectives of the training were to develop common understanding of gender-based violence, clarify the difference between gender-based violence response, prevention, and women empowerment, define gender-based violence multi-sectoral response, share what worked well and what has been difficult to implement, identify common lessons learnt, and inform and agree on a work plan for the development of SOPs.

EGYPT

UNFPA participated in the Gender-Based Violence Sub-Working Group meeting, where members discussed outreach and community activities, gender-based violence priority activities/projects, and SOPs.

UNFPA met with WHO to discuss the establishment process of a national sexual reproductive health emergency preparedness strategy. UNFPA participated in the Sexual Violence Forum, Emergency Preparedness and Disaster Risk Reduction Workshop, and Psychological First Aid Training for Humanitarian Workers.

UNFPA CROSS-BORDER OPERATIONS

Two UNFPA-supported implementing partners and four hospitals started the provision of comprehensive reproductive health services in Aleppo, Deir Ez-Zor, and Idlib.

UNFPA procured 1,440 male and 5,760 female dignity kits from Turkey for distribution to internally displaced people in areas surrounding Idlib.

UNFPA sent reproductive health kits to Dar'a from Jordan, targeting 845 beneficiaries.

Based on the result of UNFPA rapid assessment among reproductive health partners to determine the need for reproductive health kits in the northern part of Syria, and following the Inter-Agency Reproductive Health Kits Guideline, UNFPA has estimated the supply needs of 10 NGOs as being around 1.6 million kits in three months.

Feedback received from medical organizations has established the need for rapid contracting of skilled medical staff. The number of skilled staff inside Syria is decreasing with every passing month, making it crucial to train the ones who remain inside the country and to educate new staff.

An increasing number of health facilities in different parts of Syria are partially or totally destroyed. The quality of the medical equipment that is still functioning in these facilities is also declining, with low maintenance possibilities in hand. There is an urgent need for laboratory testing materials. Moreover, there is also lack of confidentiality in the remaining health structures, both for ante- and pre-natal care visits and deliveries, as well as for visits related to the consequences of abortion and gender-based violence cases.

Two grantees were provisionally selected to strengthen or set up women and girls safe spaces in Lattakia, Idlib and Aleppo.

CHALLENGES

SYRIAN ARAB REPUBLIC

Timely delivery of humanitarian assistance, especially in light of Security Council Resolutions 2139 and 2165, has become a challenge due to ongoing security conditions and coordination issues with neighbouring countries. As such, UNFPA implementing partners in the opposition-controlled areas are facing challenges in the delivery of timely reproductive health services to women in need.

LEBANON

Absence of an innovative approach for mainstreaming the resilience component in ongoing and/or new activities.

Occasional compromised quality of outcomes on the part of implementing partners contracted by several donors and development agencies.

Donor fatigue is reflected in reduced funding in relation to the Syria crisis.

IRAQ

Lack of an effective and established mechanism for data collection from the Arbat refugee camp in Sulaymaniyah.

Funding for refugee response is getting thinner day by day even as the Iraq conflict continues and expands.

An operational protection strategy for refugees in urban areas is insufficiently developed in Iraq, affecting the response provided; yet over 60 per cent of the Syrian refugees reside in non-camp communities.

Refugee camps are overcrowded with additional refugees from Kobane. Lack of effective mechanisms to engage with refugee communities in urban areas has limited awareness-raising activities on gender-based violence.

The inability to get a budget passed for the Kurdistan Region by the Government of Iraq has led to a significant decline in availability of funds for the Ministry of Health, which has negatively impacted refugees, internally displaced persons, and people in host community. The situation has stretched the health sector response in some areas beyond coping capacity.

TURKEY

Weak data collection and management information systems are a challenge. AFAD figures on deliveries are lower than humanitarian standard estimates would indicate, thus raising questions on unattended deliveries in camps and host community.

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

Tensions between the host community and Syrians continue to grow. There have been protests and violence against Syrians in Gaziantep, Sanliurfa, and several other places.

Finding specialized and trained partners on gender-based violence and reproductive health is still a challenge, especially when it comes to cross-border operations.

EGYPT

Refugees are scattered over large urban areas in Egypt, making it challenging for most aid agencies to extend support to them. Moreover, since the population is still on the move, the allocation and provision of services continues to be difficult.

Birth registration of Syrian newborns in the absence of the father or marriage certificate remains an issue that requires advocacy, although several legal and human rights organizations are currently providing aid for registration of these cases.

Although the Government of Egypt has allowed access to medical and educational public services for Syrians, the issue of improving accessibility and quality of services remains a challenge and necessitates continual support and capacity building of sectors in areas marked by a high concentration of Syrians.

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

FUNDING

UNFPA-Lebanon received \$1 million from OCHA's Central Emergency Response Fund (CERF).

UNFPA-Iraq received from CERF, \$249,000 for strengthening of the gender-based violence response and prevention programme, and \$199,000 for reproductive health interventions among Syrian refugees in Kurdistan Region in Iraq.

UNFPA received \$3.128 million from the United States Department of State's Bureau of Population, Refugees, and Migration (BPRM) to ensure refugees continue to receive gender-based violence and reproductive health services.

Countries benefiting from the BPRM grant were: Egypt, \$218,000; Turkey, \$1.2 million; Lebanon, \$430,000; Jordan, \$780,000; and Iraq, \$500,000.



DONORS & PARTNERS

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

Australia, Canada, European Commission, Germany, Denmark, 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, Mazloun Hospital and International Organization for Migration (IOM).

IN JORDAN: Ministry of Health (MOH), Institute for Family Health (IFH), International Medical Corps (IMC), Jordanian Health Aid Society (JHAS), Family Protection Department (FPD), Un Ponte Per (UPP), Jordanian Women's Union (JWU), Youth Peer Education Network (YPE), NCFCA (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 Polices (MoFSP), Turkish Red Crescent Society (TRCS), universities including Harran in Sanliurfa, NGOs including the International Middle East Peace Research Center (IMPR), Syrian Social Gathering.



CONTACT INFORMATION

Daniel Baker,
UNFPA Syria Regional
Response Advisor
baker@unfpa.org
+962797225829

Ruba Hikmat,
UNFPA Syria Regional
Communications & Media Specialist
hikmat@unfpa.org
+962795096066

RELEVANT RESOURCES

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