



Syrian women plant seeds of hope among their communities.

Aya, a 20-year-old visiting a health clinic in Zaatari camp in Jordan says, "Of course I was scared, I was scared too much, but there was something inside me telling me that there is something that I am supposed to keep doing for the sake of my children... hope, love and peace. The best feeling is seeing her smile. There is nothing like being a mother, it has pushed me to want to make the world a better place for tomorrow."

Credit: Ruba Hikmat | 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 youths 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-assisted partners reach 21,100 women of reproductive age in Damascus, Rural Damascus, Homs, Aleppo, Deir-ez-Zor, Ar-Raqqa and Hama, Dar'a, Tartous and Latakia with reproductive health and GBV services. On the occasion of the International Day of HIV/AIDS, UNFPA organizes a one-day policy dialogue for 80 participants from the Ministry of Information, Ministry of Health, the Syrian Arab Red Crescent, the Syria Family Planning Association and other local NGOs to advocate for the importance of prevention and treatment of HIV/AIDS during the crisis.

LEBANON

300 adolescent boys attend peer-to-peer activities, 774 women receive basic life skills awareness sessions and 277 persons benefit from awareness sessions on GBV. UNFPA distributes 200 copies of the manual "Communication with Violence Survivors: Improving Health Care Response" and 500 copies of the family violence law manual targeting lawyers.

JORDAN

UNFPA supports 9,129 women and girls with reproductive health services, provides GBV-related services to 10,126 Syrian refugees and sensitizes 4,669 refugees through home-to-home visits. The Fund conducts 81 youth activities benefiting 877 Syrian youth in camps and at a UNFPA-supported clinic.

IRAQ

UNFPA supports Syrian refugee women with 800 winterization kits in Dohuk, Basirma and Qushtapa camps. UNFPA launches its first-of-a-kind basketball and volleyball tournaments for girls. UNFPA-supported youth spaces in Duhok and Erbil start a new round of Y-Peer trainings.

TURKEY

UNFPA procures 8,000 intra-uterine devices, 900,000 condoms and 62,700 oral contraceptive pills to be distributed according to a plan prepared with the Ministry of Health. UNFPA conducts assessment in Suruç temporary camp where around 8,000 Syrian refugees from Kobane are residing in a primary school.

EGYPT

UNFPA in collaboration with local NGOs holds two-day GBV awareness-raising activities for 1,000 Syrian refugees living in Borg El-Arab and Montaza in Alexandria. The programme of the event includes many activities such as lectures on GBV awareness and prevention and positive coping mechanisms, a rap song against GBV by a Syrian youth group (Khatwa) and recreational activities.

Another year has passed in Syria, with no end in sight of the conflict. The suffering of more than four million Syrian women and girls of reproductive age, of which half a million are pregnant, continues. Women have become more vulnerable to exploitation as they are socially, psychologically and economically insecure. Many are at risk of not having access to safe deliveries, or emergency obstetric care, because of shortages of qualified staff, lack of supplies and medicines or equipped facilities, and difficulties in access.

Millions of people have been displaced by violence in Syria, carrying the psychological marks of the trauma that they lived through in their country and during their escape, hundreds of thousands have been killed and the entire region has been destabilized as conflict and chaos have spread to Iraq, Lebanon and beyond.

Some of the international humanitarian aid efforts to address the human fallout of the Syrian crisis have at times fallen short: in December, the United Nations' World Food Programme announced that funding shortfalls would force it to cancel food assistance for some two million refugees of the Syrian conflict. Fortunately, however, food distributions were able to resume after an urgent fundraising call was launched and governments and private donors answered, unwilling to let the food assistance fail.

The United Nations has called on the international community to substantially increase its funding for housing, food, health care and the basic needs for refugees to minimize their vulnerability and to maintain a minimum level of support and dignity. The United Nations continues to advocate for those who remain inside Syria under extremely hazardous conditions to not be left alone to their fate. During the month of December, the United Nations agencies launched two major strategic plans, requesting over \$8.4 billion to help nearly 18 million people in Syria and throughout the region. The Syria Strategic Response Plan 2015 (SRP) would require \$2.9 billion in funding to address acute humanitarian needs inside Syria, aiming to provide 12.2 million people with protection, life-saving assistance and livelihood support. The regional Refugee and Resilience Response Plan (3RP) is asking for \$5.5 billion in funding to support the emergency humanitarian operations in refugee-hosting countries as well as to provide host community support with longer-term programmes aimed at boosting economic and social resilience.

In order to ensure long-term humanitarian relief and help Syrians in hard-to-reach areas who are trapped behind borders, the United Nations Security Council renewed for twelve months its authorization to use routes across conflict lines as well as specified border crossings, with notification to the Syrian authorities, through the unanimous adoption of resolution 2191 (2014).

HUMANITARIAN SITUATION



Poor infrastructure at a temporary camp settlement in Suruc, Turkey.

Credit: Behire Ozek | UNFPA, 2014.

SYRIAN ARAB REPUBLIC

During the reporting period, the main focus of the conflict remained concentrated in Dar'a, Idlib, Deir-ez-Zor, Rural Damascus and Aleppo governorates. Aleppo city, due to its strategic position and political significance, will likely continue to be the main focus in coming weeks. In eastern governorates, the battle for the strategic Deir-ez-Zor military base and the fighting in Rif Damascus continued with no major change. Mortar shelling has occurred in different areas of the capital Damascus. This, coupled with military operations in different governorates, has affected the ability of humanitarian actors including UNFPA to deliver reproductive health and GBV services. As such, the ability of women to have timely access to services remains a challenge.

Protection of women residing in shelters and host communities has increasingly become a matter of concern for UNFPA and its implementing partners, as does the increased engagement of youth and adolescents in the ongoing fighting. There are reports of an increased incidence of undocumented early marriages since a large number of internally displaced persons do not have identity cards or supporting documents to document official marriage contracts.

LEBANON

Security forces have arrested Syrians on terror charges in the Aley district. There were fears that militant infighting near the unmarked border between Lebanon and Syria would spill over during the holiday season, worrying the residents of Arsal. The principle of a swap deal to win the release of captive Lebanese servicemen has been approved, in principle, by the Government.

During the reporting period, UNFPA initiated a mapping exercise with the participation of 26 national and international humanitarian organizations to assess their service and training needs in terms of reproductive health and GBV.

JORDAN

As of December 31, a total of 620,441 Syrian refugees were officially registered in Jordan, where Zaatari camp hosts 82,818 refugees (53.3 per cent female and 49.7 per cent male) and Azraq camp hosts 10,879 refugees, of whom about 25 per cent are women aged 18-29 and 25 per cent are women aged 40-49, while 30 per cent are elderly.

Syrian refugees living in urban areas in Jordan are struggling more than ever to cope with inadequate housing, high debts, rising costs of living and educational challenges for their children; as a result, hundreds have started returning to Zaatari camp to seek more secure living conditions.

On 23 November, the cabinet of Jordan decided that registered Syrian refugees are no longer entitled to access free health services at the Ministry of Health facilities. Syrian refugees are now charged the same fees as non-insured Jordanians, which is around 35-60 per cent of what non-Jordanians pay. The rates remain low and might be affordable for non-vulnerable individuals; however, this change is expected to cause considerable hardship for many refugees. UNHCR issued a temporary policy directing all agencies and refugees to refer clients needing reproductive health services to UNFPA-supported reproductive health clinics. Meanwhile, UNFPA has concerns regarding access to deliveries outside camps for pregnant Syrian women.

IRAQ

The total number of Syrian refugees in Iraq stands at around 237,000, as the total of new arrivals from Kobane reached more than 15,000. The country is still dealing with internal conflict and with terrorist attacks launched by the so-called Islamic State. The country is trying to cope with the vast number of internally displaced persons, which is said to exceed 1.8 million, most of whom are concentrated in areas already hosting Syrian refugees. The Governorate of Duhok, for example, has almost doubled its population with the addition of around 1 million refugees and IDPs. This is putting enormous pressures on the Government considering that the governorate resources are overstretched and that it is having to deal with the security situation created by the long border with the Mosul governorate, which is under the control of the Islamic State. Security issues as well as logistical and human resource constraints are making humanitarian operations increasingly complicated.

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	1,140,036
SYRIAN WOMEN AND GIRLS OF REPRODUCTIVE AGE	284,897
SYRIAN PREGNANT WOMEN	20,178
SYRIAN YOUTH	195,042

JORDAN:

SYRIANS AFFECTED BY THE CRISIS	620,441
SYRIAN WOMEN AND GIRLS OF REPRODUCTIVE AGE	150,070
SYRIAN PREGNANT WOMEN	10,981
SYRIAN YOUTH	127,541

IRAQ:

SYRIANS AFFECTED BY THE CRISIS	237,000
SYRIAN WOMEN AND GIRLS OF REPRODUCTIVE AGE	51,546
SYRIAN PREGNANT WOMEN	4,194
SYRIAN YOUTH	60,557

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	140,649
SYRIAN WOMEN AND GIRLS OF REPRODUCTIVE AGE	34,982
SYRIAN PREGNANT WOMEN	2,592
SYRIAN YOUTH	29,078

SOURCES:

Turkey's Disaster and Emergency Management Authority (AFAD), UNHCR, OCHA, and UNFPA - December 2014

TURKEY

The armed conflict in Syria has continued to be intense near the Syrian border with Turkey. As the internal armed conflict has escalated in Iraq and northern Syria there have been increasing displacements of populations in the region. Thousands of Ezidis have been entering from southeastern borders of Turkey through legal gateways, as well as illegally. The estimated total number of Syrians in Turkey has reached 1,645,000, according to the Government, while the total number of Syrian refugees registered by UNHCR in 22 camps located in 10 provinces is 221,447 refugees.

EGYPT

The number of Syrian people who have sought refuge in Egypt has reached 140,649. Most refugees are scattered in urban settings in rented households. Syrian refugees have access to public services including health and education.

HUMANITARIAN RESPONSE

1-31 December 2014

SEXUAL AND REPRODUCTIVE HEALTH, INCLUDING FAMILY PLANNING



Group photo taken at the closing of the family planning counselling training in Tyre, Lebanon.

Credit: Order of Midwives, 2014.

SYRIAN ARAB REPUBLIC

REPRODUCTIVE HEALTH SERVICES: Around 18,000 women received reproductive health services and information: emergency obstetric care for 8,000 women, safe delivery for 2,300 women through reproductive health vouchers, family planning for 3,300 women, while 4,200 received other reproductive health services.

REPRODUCTIVE HEALTH SUPPLIES: UNFPA delivered reproductive health tools and supplies to the rural areas of Aleppo and the Ministry of Higher Education (MoHE) maternal hospital in Aleppo, which will enable around 15,800 affected people to receive better quality reproductive health services, including for safe deliveries and emergency obstetric care. Another 240 reproductive health kits have been provided to the Ministry of Health (MOH), MoHE, Syrian Arab Red Crescent (SARC) and the Syria Family Planning Association (SFPA), providing supplies to meet the needs of 475,425 women nationwide.

REPRODUCTIVE HEALTH AWARENESS ACTIVITIES: The 28 UNFPA-assisted mobile teams of the Syrian Arab Red Crescent and the Syria Family Planning Association reached around 2,800 women residing 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 the Syria Family Planning Association and the Syrian Arab Red Crescent through the deployment of 207 obstetricians, gynaecologists, midwives, nurses and social workers in 12 governorates.

LEBANON

REPRODUCTIVE HEALTH SERVICES: In October 2014, UNFPA started a joint health education project with the International Rescue Committee (IRC), Akkar Network for Development (AND) and the Lebanon Family Planning Association for Development and Family Empowerment (LFPAGE) in the region of Akkar, North Lebanon. During the month of December, a total of 70 awareness sessions on hygiene were conducted. The sessions were facilitated by trained women leaders and reached around 1,200 refugee and Lebanese women.

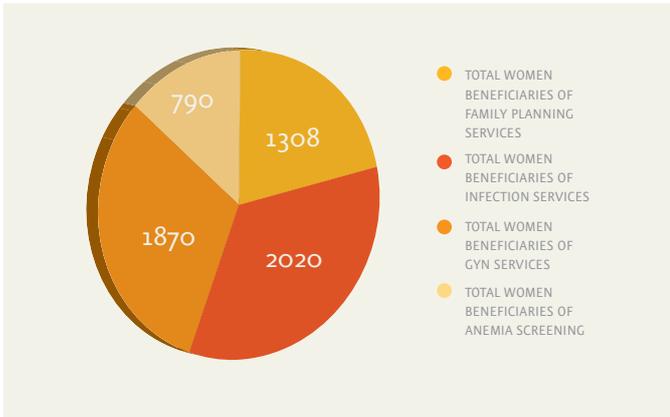
REPRODUCTIVE HEALTH TRAINING: UNFPA in partnership with its implementing partners trained 20 Syrian and Lebanese women as women leaders. The trainees have already started delivering awareness sessions on hygiene and will continue in the coming months focusing on various subjects, including on early marriage.

UNFPA partnered with the Order of Midwives to develop the capacities of 72 midwives on family planning counseling in three regional trainings organized in Tyre, Beirut and Mount Lebanon.

REPRODUCTIVE HEALTH SUPPLIES: A total of 2,400 sanitary pads and 1,000 pamphlets on different reproductive health topics were distributed during the awareness sessions implemented by LFPAGE.

JORDAN

REPRODUCTIVE HEALTH SERVICES: UNFPA delivered a total of 9,129 Individual reproductive health and family planning services inside the camps and in host communities. Of these, 1,636 Syrian women received services in host communities and 7,050 in the camps; of the total, 2,700 received antenatal care services.



Women benefiting from different reproductive health services at Zaatar camp in Jordan.
Source : UNFPA, December 2014

REPRODUCTIVE HEALTH SUPPLIES: UNFPA, working through its implementing partners, distributed 35 dignity kits in four women's centers.

REPRODUCTIVE HEALTH AWARENESS: A total of 3,308 Syrian refugees benefited from reproductive health awareness sessions, of which 1,079 women were living in host communities and 2,000 women in the camps.

REPRODUCTIVE HEALTH TRAINING COURSE: A total of 14 health care providers participated in a reproductive health protocol training in Zaatar and Azraq camps as well as in Zarqa and Amman.

IRAQ

REPRODUCTIVE HEALTH OUTREACH ACTIVITIES: UNFPA is continuing its outreach activities with teams of volunteers in the seven camps: in total, more than 10 teams of well-trained social workers educated women on reproductive health issues, including pregnancy and safe delivery.

REPRODUCTIVE HEALTH EDUCATIONAL MATERIALS: 10,000 new copies of the women's health booklet were printed to be distributed to women who had not yet received copies, including women fleeing from the Kobane crisis.

REPRODUCTIVE HEALTH TRAINING: Training of trainers for doctors on family planning counselling was commenced with 20 doctors benefiting from a session organized by UNFPA.

REPRODUCTIVE HEALTH SUPPLIES: UNFPA procured a new batch of family planning supplies, including pills, condoms, IUDs and injectables, for use by Syrian refugees, IDPs and clients in host communities.

REPRODUCTIVE HEALTH SERVICES: In December, a total of 99 healthy and safe deliveries were accredited by the health authority to UNFPA assistance for hospitals and maternities in term of supporting personnel, equipment and provision of reproductive health kits. UNFPA continued to support 50 midwives working in maternities in addition to 10 doctors and 18 midwives who are working in camps.

EGYPT

REPRODUCTIVE HEALTH SUPPLIES: UNFPA has supported the procurement by the Ministry of Health of five ultrasound devices that will serve five primary healthcare units in Damietta and Giza. In addition, UNFPA supported the purchase of reproductive health equipment for the obstetric centre in New Damietta, which hosts 10,484 Syrian refugees, of whom 3,149 are women and girls of reproductive age.

REPRODUCTIVE HEALTH TRAINING: UNFPA conducted a three-day training for 30 primary care and family medicine physicians on the use of obstetric ultrasound in Alexandria and Damietta. The physicians involved serve in primary health care units serving areas with the highest Syrian populations. The trainers were faculty members of the gynaecologic and obstetric imaging unit at the Faculty of Medicine, Alexandria University.

TURKEY

UNFPA visited Suruç temporary camp where around 8,000 Syrian refugees from Kobane are residing in primary school premises. In partnership with the Ministry of Family and Social Policies (MoFSP), UNFPA conducted an assessment of their needs in terms of reproductive health and combating GBV based on observations and meetings with key local officials.

UNFPA procured 8,000 intra-uterine devices, 900,000 condoms, 62,700 oral contraceptive pills (Microgynon blisters) to be distributed according to a plan prepared with the Ministry of Health.

Through grant agreements signed with the International Middle East Peace Research Center (IMPR) and Harran University in Sanliurfa and the Syrian Social Gathering (SSG) in Mersin, preparations are ongoing for the establishment of women counselling units. The SSG collected reproductive health data concerning about 105 patients as per the UNFPA framework for information collection on service provision in order to assess the utility of the framework tools.



Syrian children in front of the temporary camp at the former primary boarding school in Suruç, Turkey.
Credit: Behire Ozek | UNFPA, 2014.

GENDER EQUALITY AND WOMEN'S EMPOWERMENT



Syrian refugee women participating in a crochet course in Nergiz women's centre in Kawargosk camp in Erbil, Iraq. UNFPA through its partners aims to invest in and empower Syrian refugee women, including through recreational activities.

Credit: Veronica Njikko | UNFPA, 2014.

SYRIAN ARAB REPUBLIC

GENDER-BASED VIOLENCE SERVICES: During the reporting period, UNFPA supported the mobile teams providing psychosocial support to around 3,100 women residing in the affected areas of Damascus, Rural Damascus, Idlib, Homs and Tartous.

UNFPA supported nine centres that provide GBV screening and services for women in Damascus and Rural Damascus through the deployment of gynecologists, midwives, psychosocial support counselors and nurses. In Damascus and Rural Damascus, GBV screening services were provided to 480 women, of whom 65 were found to be GBV survivors, who consequently received medical examinations, community services and legal advice by these UNFPA-assisted clinics.

During the reporting period, UNFPA-assisted clinics and mobile teams in Damascus, Rural Damascus, Homs, Lattakia, Tartous, Idlib and Dar'a provided 8,100 GBV counseling and services, including 2,300 psychosocial support services for violence-affected people.

A total of 25 social workers received training on psychosocial support and psychological first aid interventions to serve around 1,200 people residing in Damascus, Rural Damascus, Dar'a and Homs.

A total of 38,594 persons residing in Damascus, Rural Damascus, Aleppo, Idlib, Dar'a, and Homs received dignity kits through UNFPA's participation in joint United Nations convoys targeting those areas.

LEBANON

GENDER-BASED VIOLENCE SERVICES: The UNFPA-supported KAFA listening and counseling centre (LCC) in Beirut provided social counseling to 31 new cases and another 67 cases were followed up by social workers. A total of 29 women benefited from legal consultations while 99 psychotherapy sessions were conducted, benefiting 38 women, and one case was supported through court representation.

Supported by UNFPA, Intersos has provided psychological counseling benefiting 29 women and has organized emotional support groups reaching 124 women. Another UNFPA implementing partner, SHEILD, provided psychological support services benefiting 87 Syrian and Lebanese women and girls in the southern part of Lebanon.

GENDER-BASED VIOLENCE OUTREACH ACTIVITIES: During the reporting period, 300 adolescent boys attended peer-to-peer activities, 774 women took part in basic life skills awareness sessions, and 277 persons benefited from awareness sessions on GBV.

As part of the 16 Days of Activism against gender violence, UNFPA in partnership with Heartland Alliance conducted a three-day theater workshop for 16 Lebanese and Syrian girls. The workshop was concluded by the presentation of a play at the Halba women's centre. UNFPA in partnership with KAFA continued its online campaign bringing awareness of the newly adopted law on family violence. The campaign consisted of Facebook posts and interactions, online banners, and media features in several Lebanese newspapers. The campaign reached an estimated 750,000 individuals through Facebook and 200,000 others through the online banners.

UNFPA in partnership with SHEILD organized problem-solving and awareness sessions targeting 44 women, life skills sessions targeting 33 women, peer-to-peer sessions reaching 1,233 women and girls, and communication and vocational training with the participation of 114 women and girls.

TRAININGS RELATED TO GENDER-BASED VIOLENCE: During December, UNFPA with its partner organized a training workshop on the communication manual "Communication with Violence Survivors: Improving Health Care Response" targeting 14 doctors, midwives, and nurses from various primary health care centres and a roundtable meeting for 17 participants, including doctors who had participated earlier in a training of trainers (TOT) on the same manual. In addition, a workshop on the content of the law to protect women and other family members from family violence was organized, targeting representatives from 12 civil society organizations and local NGOs.

UNFPA trained 25 specialized and non-specialized GBV prevention actors on several GBV topics as well as 30 women aiming to develop their capacities to be part of a women's peer support group network.

GENDER-BASED VIOLENCE SUPPLIES: With the support of UNFPA, KAFA developed 200 copies of the manual "Communication with Violence Survivors: Improving Health Care Response" and produced 500 copies of the family violence law manual targeting lawyers. Moreover, UNFPA supported Intersos to distribute leaflets on sexual and reproductive health, domestic violence and early marriage to more than 600 people.

JORDAN

GENDER-BASED VIOLENCE SERVICES: a total of 10,126 women, girls, men and boys benefited from UNFPA-supported GBV services including safe, confidential, and specialized multisectoral services, case management services, medical care, and vocational trainings. UNFPA through its implementing partner conducted a self-defense activity in Azraq camp targeting more than 30 women and adolescent girls.

GENDER-BASED VIOLENCE OUTREACH ACTIVITIES: A total of 4,669 women, girls, men and boys were sensitized through GBV awareness sessions on violence against women and the power imbalances between males and females. Working with its implementing partner, UNFPA conducted a “My Space Free of Violence” workshop, covering painting skills by working with a graffiti artist as well as focus group discussions.

IRAQ

GENDER-BASED VIOLENCE: During the reporting period, 2,840 women and girls benefited from UNFPA women’s centre services. In Erbil, a total of four new GBV cases were identified and managed, 70 parents/families were reached through outreach sessions, and 195 women and girls benefited from some 18 socio-recreational activities such as sewing, hairdressing, make-up and basic language courses (English and Kurdish).

The three UNFPA-supported women’s spaces in host communities were heavily involved in production of women’s winter clothes as part of the joint UNFPA-UN Women programme aiming at women’s empowerment and protection from GBV.

GENDER-BASED VIOLENCE AWARENESS AND OUTREACH ACTIVITIES: A total of 1,446 women and girls visited UNFPA women’s spaces. These centres presented a total of 18 formal lectures on reproductive health and GBV concerns, especially early and forced marriage.

GENDER-BASED VIOLENCE SUPPLIES: More than 800 dignity kits were distributed to vulnerable women and girls of reproductive age in the camps and host communities as part of outreach activities.

UNFPA supported the overall winterization campaign for Syrian refugees with 400 winterization kits to Basirma and Qushtupa camps to meet the needs of vulnerable groups of women, including pregnant women, in both camps. Equal numbers of kits were distributed in Domiz camp in Duhok.

TURKEY

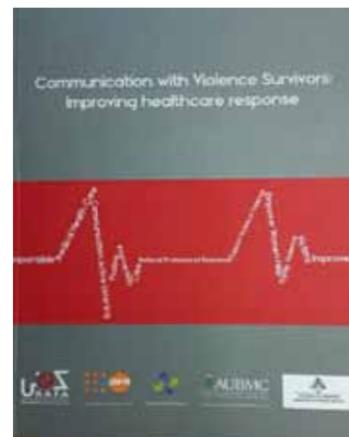
Local managers of AFAD, the Prime Ministry’s Disaster and Emergency Management Presidency, established two new tents for women’s social activities in “Nizip-1” camp. UNFPA with the Ministry of Family and Social Policies’ (MoFSP) visited Nizip-1 camp and developed an annual plan to be implemented in the women’s tents. The plan includes education sessions on reproductive health supported by information, education and communication materials.

EGYPT

UNFPA held two-day GBV awareness activities for Syrian refugees in Alexandria in collaboration with local NGOs. Each day hosted over 500 Syrian refugees living in Borg Elarab and Montaza, two districts that host a

high concentration of Syrian population (17,828). The programme included lectures on GBV awareness and prevention, positive coping mechanisms, importance of volunteerism, and Syrian cultural performances. In addition, materials related to GBV and sexual harassment and reproductive health were distributed.

UNFPA supported training of 40 healthcare providers working in primary health care units in Sadat City on GBV response and services. The training included sensitization of the trainees to specific needs and vulnerabilities of the Syrian population in Egypt and familiarization with the national medical protocol/guidelines for management of GBV that were launched in November by the Ministry of Health and the National Council for Women through support by UNFPA.



Manual for health care providers aiming at improving their response to gender-based violence through better communication skills produced by a coalition of partners, including UNFPA Lebanon.



Syrian women and girls attending a skills workshop at the UNFPA-supported women’s centre as part of the 16 Days of Activism Against GBV in Zaatari camp, Jordan. Credit: UNFPA, 2014.

SUPPORTING ADOLESCENTS AND YOUTH



Syrian refugee youth participating in the first annual humanitarian football cup organised by UNFPA in Jordan.

Credit: UNFPA, 2014.

JORDAN

UNFPA's implementing partner conducted 81 youth activities benefiting 877 Syrian youth (570 female and 307 male) at the camps and at the UNFPA-supported clinic in Deir Alla on reproductive health and GBV, including life skills and recreational activities.

UNFPA provided information and services for Syrian youth such as information on applying for scholarships and help with needed documentation.

IRAQ

UNFPA-SUPPORTED YOUTH SPACES: Youth interventions in Duhok have reached a milestone with the new expansion of the youth space in Duhok: the space now stretches over more than 1,400 square metres, with five halls for different activities including music, painting, computer workshops and Y-Peer sessions. Most recently, a multi-use hall (8x8 metres) was inaugurated to be used for theatre training and overall fitness.

YOUTH ACTIVITIES: UNFPA continues to expand the sports opportunities for women and girls in the camps in Iraq. The youth space in Domiz camp launched its first basketball and volleyball tournaments for girls; this comes after the great success of the soccer tournament sponsored by government authorities in the camps.

Soccer tournaments are ongoing in Domiz camp with 12 different teams of young men competing against each other. Each team member is getting life-skills coaching by the coaches, each of whom has received formal training on life-skills by UNFPA-supported volunteers.

TRAINING FOR YOUTH: Y-Peer (adolescent peer education) training commenced in the youth spaces in the camps of Basirma, Kawergosk and Darashakran with more than 60 youth being trained during the reporting period.

EGYPT

UNFPA conducted a four-day training on volunteerism for 20 Syrian and Egyptian youth in 6th October. The training was conducted by Y-Peer volunteers and included sessions on values and definition of volunteerism, NGO structure, fundraising, and communication skills and presentation skills. Issues related to gender, stigma and discrimination were discussed during the sessions.

UNFPA-SUPPORTED FACILITIES



Number of women's spaces

SYRIAN ARABIC REPUBLIC

3

JORDAN

17

(10 in camps)

LEBANON

5

IRAQ

11

(3 in host communities)



Number of reproductive health clinics or mobile teams

SYRIAN ARABIC REPUBLIC

68

JORDAN

17

(10 in camps)

IRAQ

7



Number of youth centres

JORDAN

7

(10 in camps)

LEBANON

5

IRAQ

5



Number of health facilities

SYRIAN ARABIC REPUBLIC

300

JORDAN

All Ministry of Health Facilities
/all NGOs providing RH services

IRAQ

26

EGYPT

15

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. The Syria country office represented UNFPA at the launch of the 2015 SRP and 3RP in Berlin on 18 December.

UNFPA participated in the launch of a new International Planned Parenthood Federation (IPPF) strategy that was organized by SFPA in cooperation with several implementing partners.

LEBANON

UNFPA participated in the official launching of the 2015-2016 Lebanon crisis response plan – including sector plans - which spell out government priorities for addressing the impact of the Syria crisis. The Lebanon country office, along with other United Nations organizations, specified its priorities in the coming two years under the health, protection and social cohesion sector plans.

UNFPA co-chaired the monthly sexual and gender-based violence task force. During the meeting, the inter-agency standard operating procedures for GBV prevention and response in Lebanon were endorsed. UNFPA together with UNHCR and UNICEF have provided input to be included in the United Nations Secretary-General's annual report on sexual violence in conflict situations.

UNFPA participated in the reproductive health sub-working group meeting with the participation of 21 representatives from 15 local and international agencies. The participants discussed the awareness programmes on reproductive health and the results of the rapid mapping exercise carried out by UNFPA. The participants were updated on the reproductive health commodities procured by UNFPA for the Ministry of Public Health, which will be distributed as of January 2015 to cover all health centres in Lebanon offering services to Lebanese and Syrian refugees. The participants were also updated on the clinical management of rape (CMR) trainings and revised the reproductive health service delivery guidelines.

JORDAN

UNFPA co-chaired the weekly Youth Task Force (YTF) meetings in Zaatari camp, where members discussed a desk-review study on youth and developed a concept note for the analysis of the situation of Syrian youth in Jordan from the start of the crisis to the current programming and looking at future plans/trends for 2015.

IRAQ

UNFPA is chairing a taskforce for roll-out of a multisectoral GBV strategy in Iraq. Initial discussions and consultations have started with stakeholders, including government entities.

UNFPA co-chaired the SGBV working group in Erbil, Dohuk and Sulaymaniyah. In Sulaymaniyah, UNFPA has been a lead agency in compiling a service mapping for GBV service providers, which will help

to analyze gaps and types of services. In Erbil, UNFPA has been leading the process of working on behalf of the working group to compile and contribute the GBV component to the overall protection working group strategy.

TURKEY

UNFPA participated in the development of the Central Emergency Response Fund (CERF) proposal together with the United Nations Syria Task Force agencies and under the coordination of UNHCR for the emergency response to the needs of refugees in Suruç.

UNFPA participated in bimonthly humanitarian coordination meetings (including health, protection and logistics sectors) in Gaziantep and Hatay. The Fund also participated in the United Nations Task Force weekly meetings in Ankara and conducted a field visit to Nizip-1 Camp.

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

EGYPT

UNFPA contributed to the assessment of the health status and health care needs of displaced Syrians in Egypt, which is being carried under the coordination of WHO. The assessment will include 599 registered Syrian refugee households in the six governorates with the highest concentration of Syrian populations. The objectives include assessment of socio-economic characteristics, health status of adults and children, the prevalence of selected diseases and health problems among the study sample, including those related to reproductive health among women, and psychological/mental health problems among children. The assessment will also look at the life styles of displaced Syrian families.

UNFPA participated in the SGBV sub-working group meeting, where members shared statistics concerning cases of early marriage among the Syrian refugee population, provided information regarding planned activities during the 16 Days of Activism. UNFPA attended the GBV standard operating core group, which discussed a GBV mapping being carried out with UNHCR and Care International. UNFPA also participated in the child protection subgroup where members discussed coordination efforts for addressing early marriage.

CHALLENGES

SYRIAN ARAB REPUBLIC

The lack of a comprehensive assessment of the status of maternal health facilities' infrastructure and equipment is a challenge hindering the effectiveness and efficiency of the humanitarian response.

Strict entry procedures imposed by the Lebanese authorities on Syrians fleeing to Lebanon is increasing the number of people in need in Syria.

The limited number of implementing partners hinders the ability of UNFPA to reach many violence-affected people, especially those in the opposition-controlled and besieged areas.

Monitoring the outcome of the humanitarian response for internally displaced persons residing in urban settings continues to be a challenge due to limited access and capacity of implementing partners to provide timely and quality reports on needs and delivery of response.

LEBANON

Shortage of funds poses a great challenge in terms of sustaining and expanding key interventions currently being carried out by UNFPA's implementing partners. Discontinuation of several projects and interventions is expected to take place by end December 2014, which could have serious implications on delivering against priorities set in the 2015-2016 Lebanon crisis response plan.

Heavy workloads are making it difficult to organize various project-related coordination meetings since concerned members are unable to meet on a systematic basis.

Transportation fees for social workers and facilitators, especially for the peer-to-peer sessions, remain a problem that requires more attention and funding.

New procedures issued by the Government on customs clearance have not been clearly disseminated to all humanitarian actors. This matter has led to serious difficulties and delays in clearing large supplies of reproductive health commodities purchased by UNFPA, including drugs and contraceptives as well as dignity kits.

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

There is inadequate staffing in GBV programming, both within UNFPA and its implementing partners, to be able to cope and manage the complex needs in Iraq since the Mosul and Sinjar crisis, which has presented new and complex issues.

The new refugees arriving from Kobane in the Kurdistan region have increased the burden and brought in new dimensions to the existing programmes already established in the camps for Syrian refugees.

The implementation of a referral mechanism in host communities where many refugees are located (60 per cent) remains a challenge and hampers effective access to services by refugees, as most of the focus by humanitarian partners to date has been in the camps.

There is an information gap on the availability of GBV and reproductive health services among refugees residing in host communities.

TURKEY

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.

Escalating regional conflict with additional fighting in Iraq and northern Syria (Kobane) has caused dramatic displacement of populations with higher needs for humanitarian aid.

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 currently 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 issue of improving accessibility and the quality of service provision remains a challenge and necessitates continual support and capacity building of those sectors in areas with a high concentration of Syrians.

There have been 1,300 arrests of Syrian nationals trying to depart Egypt through irregular migration by sea, including 500 children and 300 women and a large number of the arrested Syrians have been released recently through advocacy efforts.

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 received C\$2.7 million for operations in Syria and Iraq in 2015 and additional funding of £1 million to an existing grant with the United Kingdom to support cross-border assistance under recent Security Council resolutions.

UNFPA participated in the ECHO meeting for launching the 2015 Humanitarian Implementation Plans (HIP) in response to the Syria crisis.

UNFPA Egypt signed a grant agreement with the Arab organization for Human Rights to sponsor the Syrian Women Association in Egypt (Rabetat Souriyat). The grant will cover a variety of activities concerning youth and women, including two adolescent safe spaces, reproductive health awareness campaigns and volunteerism training.

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

UNFPA 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).

UNFPA IMPLEMENTING PARTNERS IN LEBANON: Lebanese Family Planning Association, Ministry of Public Health, Ministry of Social Affairs, 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).

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

UNFPA IMPLEMENTING PARTNERS IN IRAQ: Ministry of Culture, Sport and Youth (MCSP), Ministry of Labor & Social Affairs (MLSA) and local NGOs.

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

UNFPA IMPLEMENTING PARTNERS 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, Syrian and American Medical Society (SAMS), International Medical Corps (IMC), Support to Life (STL) and Relief International.

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RELEVANT RESOURCES

www.unfpa.org
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