

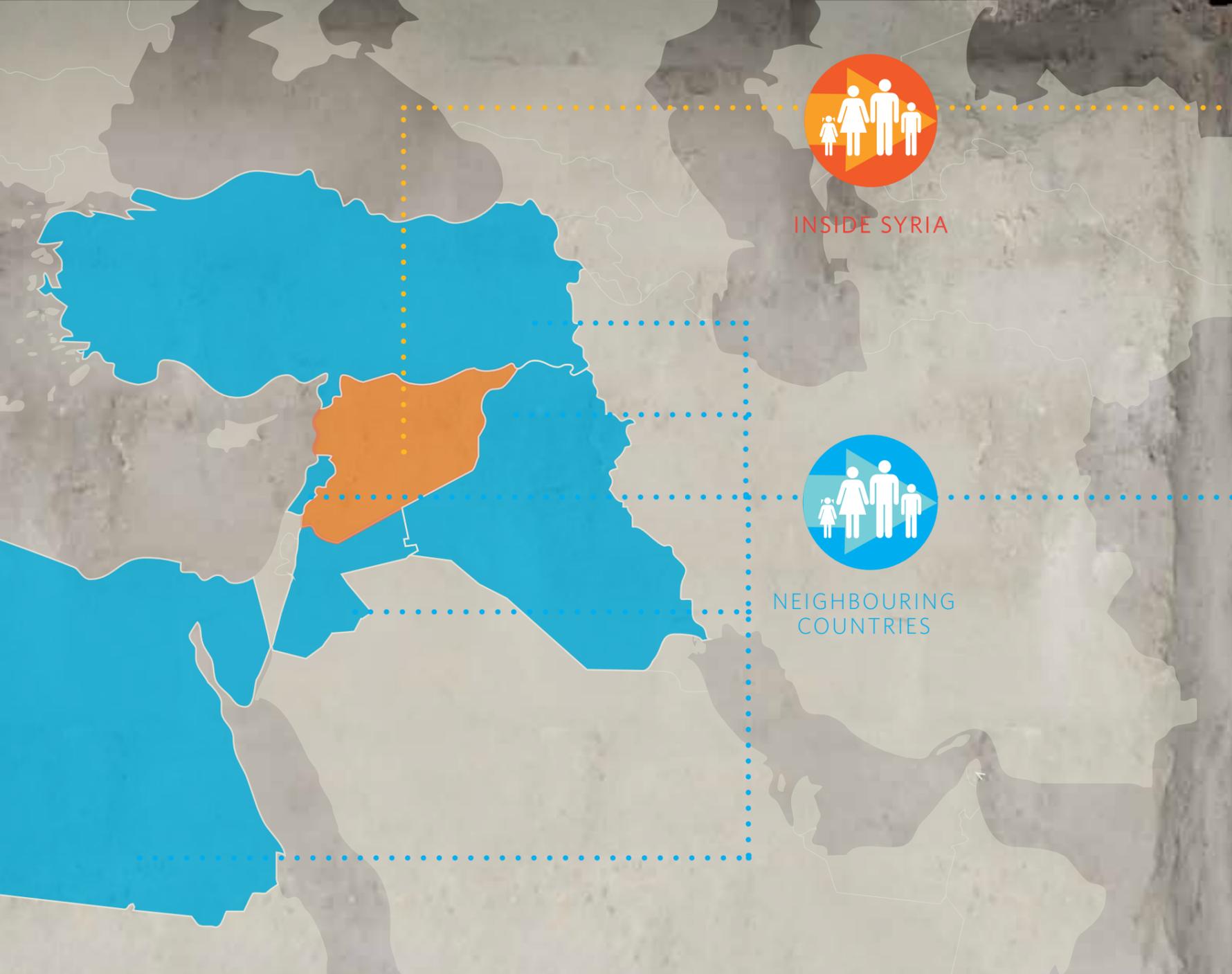


# WOMEN AND GIRLS IN THE SYRIA CRISIS: UNFPA RESPONSE

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## FACTS AND FIGURES





12.2 MILLION  
PEOPLE AFFECTED BY THE CRISIS

3 MILLION  
WOMEN AND GIRLS OF  
REPRODUCTIVE AGE (15-49)

500,000  
PREGNANT WOMEN

3.9 MILLION  
REGISTERED REFUGEES

1 MILLION  
REFUGEE WOMEN AND GIRLS  
OF REPRODUCTIVE AGE (15-49)

70,000  
REFUGEE PREGNANT WOMEN

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 its 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.**



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



Kareem was born in Syria at a hospital supported by UNFPA, after his mother received a voucher covering the costs of her delivery and other services related to reproductive health.

## INTRODUCTION

For the United Nations, Syria is the biggest humanitarian crisis today, with repercussions on the whole region, and more specifically on its neighbouring countries. As the crisis enters its fifth year, women, men, girls and boys in and from Syria face death, violence and displacement, and humanitarian organizations struggle to respond to the immense challenge of assisting and protecting peoples' lives and dignity.

Among the affected population in Syria and refugees in the region, four million women and girls of reproductive age need special attention. This includes nearly half a million pregnant women in Syria alone in addition to the estimated 70,000 currently pregnant refugee women from Syria.

Conflicts often put women at increased risk of violence and vulnerability. Social, cultural and economic disempowerment, in addition to poverty, create contexts in which women are more susceptible to abuse and sexual exploitation. Syrian women and youth have shown great resilience in the face of loss and destitution, and humanitarian organizations have regularly adapted their response to the evolving nature of the crisis and needs.

UNFPA works closely with affected populations, community-based organizations, local and international NGOs, governments and United Nations agencies in Syria and countries where refugees from Syria have arrived, namely Lebanon, Jordan, Iraq, Turkey and Egypt. Along with its partners, UNFPA supports emergency obstetric care and psychosocial support, it engages in programs that seek to mitigate and prevent the occurrence of gender-based violence, and supports survivors of this violence overcome their trauma. The creation of "safe spaces" for women and girls has greatly contributed to the protection and empowerment of women and girls affected by the Syria crisis. UNFPA also distributes specialized reproductive health kits and UNFPA's flagship dignity kits (containing various sanitary items), and deploys medical and specialized personnel to assist affected communities. It deploys trained personnel to support and encourage the participation of affected youth in society through the facilitation of recreational and educational programs, rehabilitation and psychosocial interventions, and life skills education.

In all settings, but particularly in emergencies, women and girls have the right to access affordable reproductive healthcare including ante and postnatal care, safe deliveries and family planning; they must be protected from all forms of gender-based violence, and must receive professional support to survive the physical and psychological effects of violence. Young people need to be engaged to participate fully and contribute towards their society. UNFPA and partners are scaling up efforts to empower and improve the lives of Syrian women and youth affected by the crisis in Syria and in host countries, including by advocating for human rights and gender equality, to better cope with and recover from the crisis.

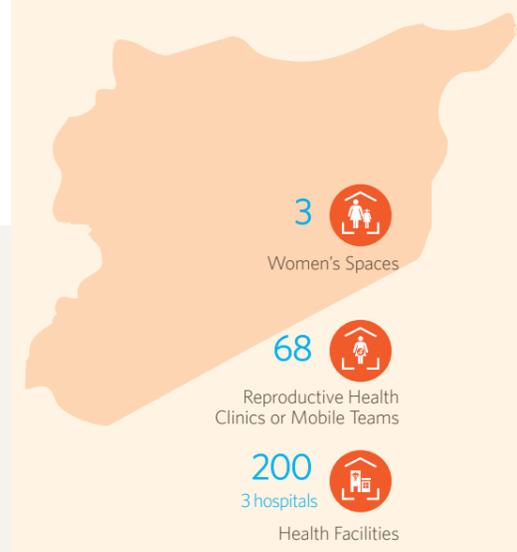
In seeking funds to respond to these needs, UNFPA works on achieving its mandate to deliver a world where every pregnancy is wanted, every childbirth is safe, and every young person's potential is fulfilled.



A Syrian refugee woman gave birth to healthy twins. She has received pre and post-natal services from the UNFPA reproductive health clinic in Domiz camp in Iraq.

## SITUATION OVERVIEW

The humanitarian crisis in and around Syria remains overwhelming. It has affected all 14 governorates, placed 12.2 million people in need of humanitarian aid, internally displaced 7.6 million people and caused 3.9 million Syrians to flee to neighboring countries. The crisis also threatens social cohesion and stability in the affected host communities, and results in lack of adequate access of displaced and vulnerable people to quality service.



## HIGHLIGHTS OF UNFPA RESPONSE IN SYRIA (2013- 2015)

- Enabling **2.2 million** people nationwide to receive reproductive health services including family planning, safe delivery and emergency obstetric care, through (a) the deployment of **207** reproductive health professionals in **27** static clinics, **13** medical points, and **28** mobile clinics, and (b) the provision of reproductive health equipment and supplies countrywide
- Of the women benefitting from UNFPA services on reproductive health, **810,000** went through safe deliveries, **93,000** internally displaced women benefited from the free of charge reproductive health vouchers
- Reaching out to **1,400,000** people to raise awareness on reproductive health and gender-based violence
- Partnering with **21** public and private hospitals in six governorates in conflict zones to help scale up the reproductive health voucher programme, which provided reproductive health services, including emergency obstetric care to **18,000** internally displaced people and women in need
- Setting up a third party monitoring system through a private company, to monitor the implementation of the reproductive health voucher programme
- Training of **310** reproductive health professionals on emergency obstetric care and the minimum initial service package, and of **962** health workers and social workers on prevention of and response to gender-based violence
- Providing psychological support to **210,000** women in the framework of preventing and responding to gender-based violence
- Providing **464,000** internally displaced men and women with UNFPA's dignity kits, which contain basic hygiene and sanitary items
- Conducting five in-depth assessments of the effects of the crisis on professionals working in the field of reproductive health, and of the quality of emergency obstetric care, psychosocial support and first aid, and the services provided by UNFPA-assisted facilities and mobile teams
- UNFPA presence and outreach in two United Nations hubs in Homs and Tartous (Aleppo planned for 2015)

## CHALLENGES

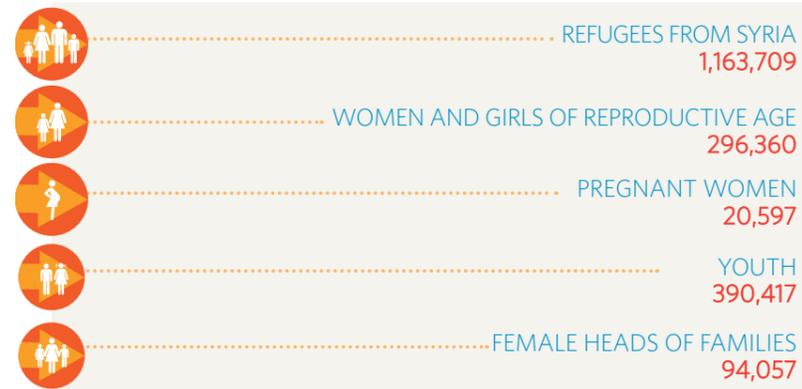
- Limited number of international NGOs working inside Syria
- Bureaucratic obstacles including in facilitating timely transportation of assistance across the country
- Difficulty of organizing services in the fields of reproductive health and gender-based violence in areas under opposition control especially due to the fragmentation of health structures and social networks

## UNFPA PRIORITIES, 2015

- Continue the delivery of lifesaving reproductive health services through 28 mobile clinics, 27 static clinics and 13 medical points operated by UNFPA partners
- Expand the number of mobile clinics, static clinics and medical points according to the needs on the ground and availability of funds
- Support reproductive health partners, such as NGOs and the Ministry of Health, through the procurement of essential medicines, equipment and supplies, including UNFPA reproductive health kits
- Continue supporting seven women's safe spaces and add three new ones
- Continue supporting five specialized psychosocial support mobile teams and add two new ones
- Provide free-of-cost reproductive health vouchers to 25,000 vulnerable women to be used to obtain medical services at designated health centers and hospitals
- Procure and distribute at least 300,000 dignity kits to vulnerable women
- Support the rehabilitation of five maternal health centres jointly with UNDP
- Provide, jointly with other partners, a Hospitainer (standard medical structure for emergency obstetric services)
- Train staff of implementing partners on reproductive health, protection, facing gender-based violence and other related areas
- Hire new staff to allow the expansion of UNFPA operations in the United Nations humanitarian hubs in Jordan and Turkey, especially to support cross-line operations
- Enhance UNFPA staff safety and security to better enable them to work in high-risk environments

SITUATION OVERVIEW

Refugees from Syria constitute up to 20 per cent of the overall population in Lebanon and spread across more than 1,500 localities. Tensions recently increased between refugees and local Lebanese communities because of the abduction and killing of Lebanese law enforcement personnel and because of security reports of plans by the Islamic State of Iraq and Syria (ISIS) militants to increase activities in Lebanon's north, south and the Bekaa valley regions. In addition, ongoing fighting in the border town of Aarsal has pushed Lebanese authorities to take exceptional measures to limit the number of refugees who are entering Lebanon. The response by aid agencies to the humanitarian needs of the refugees is consequently more challenging to plan and execute.



HIGHLIGHTS OF UNFPA RESPONSE IN LEBANON (2013- 2015)

- Providing reproductive health commodities such as drugs, contraception, medical equipment and supplies to benefit over **1,100,000** people to **206** primary health care centers within the network of the Ministry of Public Health as well as **90** additional centers supported by different United Nations agencies and NGOs
- Providing five reproductive health kits benefiting up to **250** rape survivors to the health facilities offering clinical management of rape
- Training of trainers targeting 11 midwives and capacity development for **150** health care providers (namely midwives) on family planning counseling in humanitarian settings in partnership with the Order of Midwives
- Working with the Ministry of Public Health to review and revise the national reproductive health Service Delivery Guidelines to incorporate (a) national protocol on Clinical management of rape based on rapid assessment, (b) emergency obstetric care, (c) reproductive health minimum initial service package, and (d) reproductive health for young people
- Support a series of training workshops within local and refugee communities to enable them to organize awareness sessions for some **5,400** women on reproductive health (safe motherhood, family planning, early marriage, sexually transmitted infections, and gender based violence) and hygiene promotion
- Reaching out to **3,500** women with information on basic life skills with emphasis on early marriage, reproductive health, healthy nutrition, and gender-based violence
- Providing much needed counseling and specialized psychological support to **190** survivors of gender-based violence in 2014, and organizing groups and various training sessions to support over **350** vulnerable women and girls at risk
- Organizing vocational training on beauty-related services for **57** women (**3** Lebanese, **54** Syrian), followed by internship in different salons in Mount Lebanon that enabled several to start working afterwards
- Distributing **11,000** dignity kits (containing various hygiene items) to women and girls through UNFPA's partners
- Establishing five youth centres for more than **50,000** Syrian and Palestinian refugee women and youth, as well as Lebanese in host communities
- Developing and distributing various training and awareness material, including leaflets and manuals, on issues related to reproductive health, surviving violence and gender-based violence

CHALLENGES

- Limited number of specialized staff, especially in the area of reproductive health, adversely affects capacity to address refugee needs and to support resilience and medium and long term government plans
- Volatile security and political situation limits staff movement and ability to carry out planned activities in affected locations
- Shortage in funding for sustaining programme interventions has required re-prioritization of projects.
- Scattering of refugees from Syria across some 1,800 locations makes it difficult to concretely measure impact of interventions

UNFPA PRIORITIES, 2015

Refugees

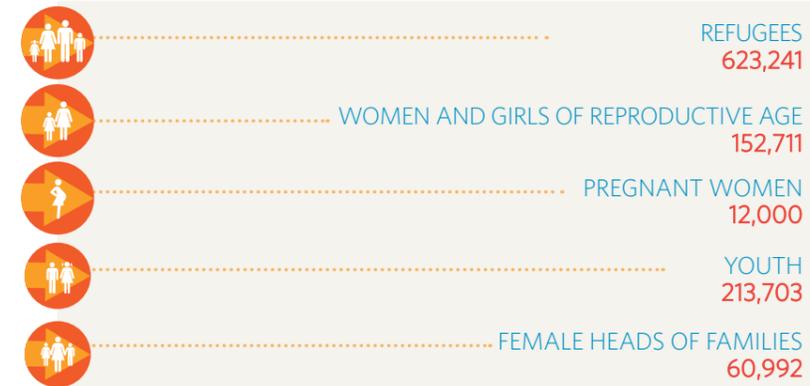
- Provision of reproductive health services through mobile medical units and support for humanitarian coordination structures across the country
- Development and implementation of advocacy campaigns on reproductive health and gender-based violence, and support to local organizations and networks that provide relevant services

Resilience

- Implement youth peacebuilding initiatives through developing the capacities of young people, both girls and boys, in life skills, mainly related to conflict management, outreach (edutainment) and coping with stress
- Build capacity of municipal/local governance institutions to build social cohesion and/or deliver basic services through training workshops for municipality members especially to promote life-skills development among young people (both Syrian and Lebanese) and to provide youth-friendly services
- Develop and support coaching plans on gender-based violence for local actors and institutions
- Assess health education needs at Ministry of Public Health, establish a taskforce to standardize methods/approaches.

SITUATION OVERVIEW

Increased violence and insecurity in southern Syria pushed thousands of residents to seek refuge in urban and rural areas in Jordan. Twenty per cent of them now live in refugee camps while eighty per cent have scattered within host communities. Over 70 per cent of the total refugee population (from Syria) are women and children. UNFPA has continuously assessed new risks emerging from the evolving situation and has regularly updated its plans and response accordingly.



HIGHLIGHTS OF UNFPA RESPONSE IN JORDAN (2013- 2015)

- Provision of emergency reproductive health kits and contraceptives to all reproductive health service providers, including Ministry of Health
- Launching of a new ante-natal cards initiative for pregnant Syrian refugee women to improve coordination among health care providers and improve the quality of reproductive health services
- Capacity building for more than **500** health care providers from different national NGOs and the Ministry of Health on reproductive health protocols, family planning, emergency obstetrics, the minimum initial services packages and clinical management of rape
- Support to **13** women's centres in urban areas where refugees can seek a range of services
- Establishment of four women's centres in Za'atari camp and two in Azraq camp, to support survivors of gender-based violence, including through the organization of awareness-raising campaigns and the training of **330** service providers
- Extensive support to the joint national campaign by United Nations agencies to combat gender-based violence, and organization of various campaigns on sexual and gender-based violence among refugee communities in Cyber city, Emirate Jordanian, King Abdulla Park and Za'atari camp
- Training of **65** Syrian young refugees and ten Jordanian youth workers from partner organizations on various skills, including within the global YPEER network
- Celebration of the birth of **2,000th** baby in UNFPA-supported facilities at Za'atari camp

CHALLENGES

- Difficulty to detect and address cases of gender-based violence due to social and cultural restrictions and fear of stigmatization among survivors, and due to limited availability of services and limited ability of survivors to move freely to access services
- Limited ability of a burdened and under-resourced health sector to cope with the massive presence of refugees from Syria
- Lack of evidence-based information and weak research on the situation of refugees
- Changing national policies on refugees affect their ability to access services especially in urban settings
- Varying quality of services to refugees per location
- High turnover among service providers and difficulty to deploy qualified health workers in the camps
- Difficulty of reaching refugees in urban areas

UNFPA PRIORITIES, 2015

Refugees

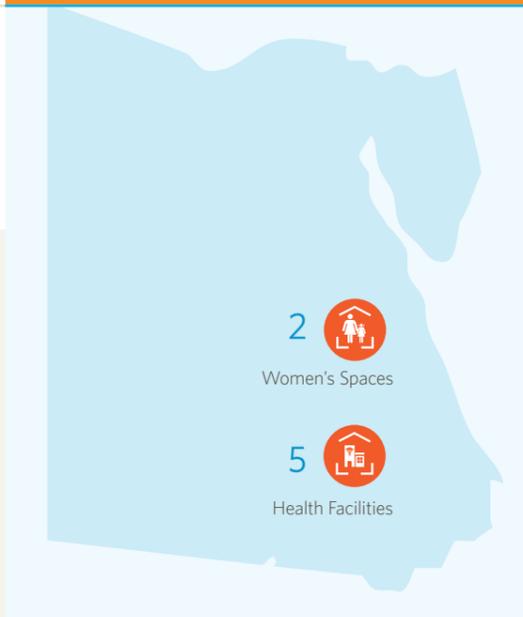
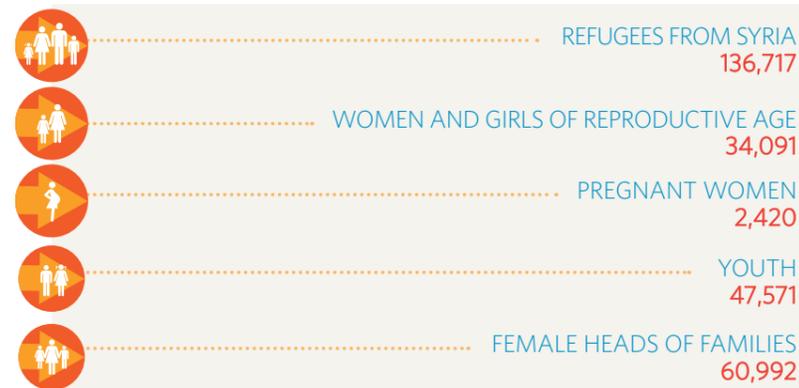
- Continue to provide reproductive health services to refugees from Syria inside and outside camps
- Ensure access of refugees to emergency obstetric care
- Provide integrated management of maternal and child health and nutrition in UNFPA-supported clinics
- Ensure availability of critical medication and equipment in reproductive health service facilities
- Improve access of refugees to various services in a safe and confidential set-up, including for women, girls, men and boys survivors of gender-based violence

Resilience

- Improve access of refugees to quality reproductive health services at the primary health care level
- Increase access of refugees to maternity beds
- Assess Ministry of Health facilities and improve their capacity to provide comprehensive reproductive health services including quality emergency obstetric care
- Improve availability of safe and confidential services related to gender-based violence through Ministry of Health clinics
- Improve the quality of response to gender-based violence in accordance with a survivor-centred approach and the standard age, gender and diversity (AGD) principles.

SITUATION OVERVIEW

Large numbers of people who arrived to Egypt as a result of the crisis in Syria soon faced high costs of living, inflation, scarce employment opportunities, expensive health services, pervasive sexual and gender-based violence, negative perceptions, and the deterioration of the security environment. In addition, the trafficking of refugees from and to Egypt remains a serious protection challenge.



HIGHLIGHTS OF UNFPA RESPONSE IN EGYPT (2014- 2015)

- Provision of reproductive health kits for post-rape treatment and training for 7 refugee medical service providers covering 10 governorates, aiming to enhance the services provided to survivors
- Provision of support to some 200 female-headed households in neighborhoods which witnessed incidents of sexual and gender-based violence
- Organization of two football tournaments as a means of carrying out interactive health promotion sessions for youth, reaching over 600 Syrian youths in Greater Cairo
- Training on patients' rights, refugee rights, family planning, gender-based violence and referral systems for 270 health workers in Damietta and Alexandria
- Supplies of reproductive health medical equipment and commodities to 51 primary health care units in Cairo, Giza and Damietta
- Organization of a marathon highlighting violence against women with the participation of 600 Syrian and Egyptian youth
- Building the capacity of 30 service providers on the clinical management of survivors of gender-based violence

- Organization of numerous awareness sessions and campaigns on the issue of sexual and gender-based violence, including advising on available health services for refugees
- UNFPA support for the establishment of two safe spaces for Syrian girls in Greater Cairo
- To contribute to mainstreaming refugees into public primary health care services in districts with high concentration of refugees from Syria, training 20 physicians in Greater Cairo and 60 primary health care physicians in Alexandria, Cairo and Damietta

CHALLENGES

- Regular movement of Syrians in the country affects UNFPA and partners' ability to provide services
- Alarming living conditions of refugees from Syria, including sharing overcrowded quarters among several families and lack of privacy contribute to tensions and increased domestic violence
- Difficulty to effectively reach refugees from Syria because they are scattered across a large number of urban locations

UNFPA PRIORITIES, 2015

Refugees

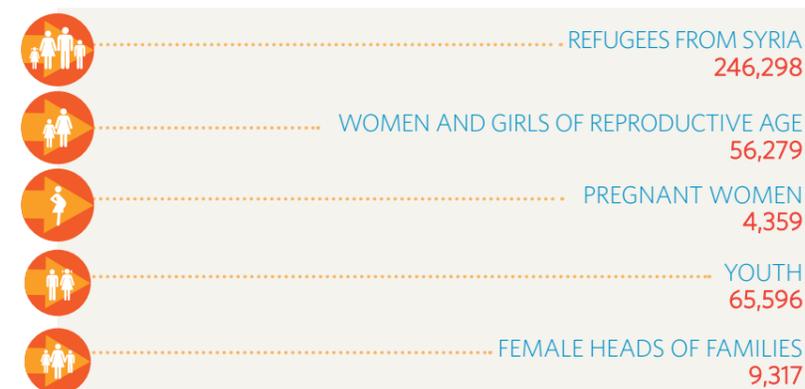
- Ensure comprehensive access to primary health care services for refugee mothers and children from Syria
- Enhance access to effective emergency obstetric and neonatal intensive care
- Increase access to protection services, including psycho-social support services, to the most vulnerable refugees through community-based structures such as safe spaces for women and girls

Resilience

- Support the Ministry of Health and community services organizations in order to better reach Syrian refugee communities and provide services
- Strengthen the capacity of government and non-governmental actors and services in all sectors to effectively respond to gender-based violence
- Enhance national policies and mechanisms that address the prevention of and response to gender-based violence to bring them in line with international frameworks and standards
- Actively raise awareness about national laws and existing services and outlets available to survivors of gender-based violence

SITUATION OVERVIEW

The deteriorating security situation in Iraq and ensuing displacement of thousands of people has put an immense burden on the Government of Kurdistan and threatens the ability of humanitarian agencies to adequately respond to the basic needs (shelter, water, food...) of internally displaced people and refugees in the Kurdistan area of Iraq. United Nations agencies including UNFPA, believe that the prevailing insecurity puts women and girls of reproductive age at increased risk of sexual violence and abuse.



HIGHLIGHTS OF UNFPA RESPONSE IN IRAQ (2013- 2015)

- UNFPA supports functional reproductive health clinics in all camps hosting refugees from Syria
- UNFPA established and manages 9 centres for women in eight different camps
- UNFPA established and supports 5 centres that address and respond to the needs
- UNFPA supports functional reproductive health clinics in all camps hosting refugees from Syria
- UNFPA supports the staffing of 60 nurses and midwives and supports the major referral maternities in Dohuk and Erbil

- UNFPA supports literacy courses for Syrian women as part of its program on gender-based prevention and response
- UNFPA involves the male population during sessions aiming at combating early marriage and violence against women

CHALLENGES

- Prevailing insecurity affects the ability of UNFPA's partners to operate freely in Iraq
- Regular movement of internally displaced people affects UNFPA's ability to reach them and provide adequate services
- Overcrowded public and private hospitals especially as Ministry of Health protocols only allow deliveries in hospitals
- Lack of registration systems at the health facilities
- Difficulties in deploying specialized medical and gender-based violence experts
- Alarming difficult living conditions of internally displaced persons in Dohuk governorate, including lack of privacy and protection mechanisms

UNFPA PRIORITIES, 2015

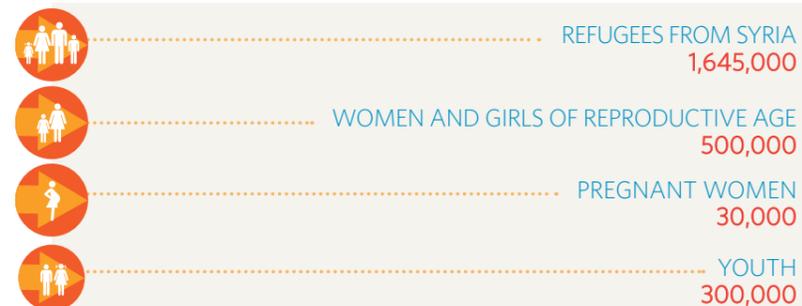
- Increase availability of basic and comprehensive emergency obstetric care services in 85 health facilities in the Kurdistan region
- Ensure availability of maternal and other reproductive health services at 200 primary health care facilities in the Kurdistan region
- Increase awareness and demand for reproductive health services through information, communication and educational campaigns among the affected population
- Increase access of women and girls affected by the humanitarian crisis to psychosocial support
- Establish community-based services to provide psychosocial counseling for survivors of gender-based violence in camps as well as in affected and host communities
- Strengthen mechanisms to protect women and girls from violence, exploitation, discrimination and other forms of human rights violations

INTERNALLY DISPLACED PERSONS IN IRAQ

- Since January 2014, some 1.8 million people, including 450,000 women and girls of reproductive age and 72,000 pregnant women have become internally displaced and dispersed across 1,500 locations in Iraq. Approximately 61 per cent (or 860,000) of the internally displaced persons in the country are in the Kurdistan region.
- In Kurdistan, Dohuk hosts the largest population of internally displaced persons with a total of 543,384, and has received the majority of refugees from Syria, thus putting pressure on health facilities in the governorate.
- This influx of newcomers has added the pressure on maternity health facilities in Dohuk, leading UNFPA to equip a maternity clinic in Domiz Camp for refugees from Syria, allowing it to conduct normal deliveries. Over 200 deliveries have taken place at the clinic since UNFPA equipped it in August 2014

SITUATION OVERVIEW

The armed conflict in Syria and tensions between sectarian groups inside Iraq have brought thousands of Syrians and Iraqi Yazidis to Turkey through the south-east borders, thus raising tensions between host communities and the refugees. Turkish citizens held demonstrations against the refugees from Syria in Gaziantep and Sanliurfa, affecting the delivery of humanitarian services the border regions.



HIGHLIGHTS OF UNFPA RESPONSE IN TURKEY (2013- 2015)

- Training 202 staff members from UNFPA's partners, including 47 Syrians on sexual and reproductive health and responding to gender-based violence
- Organization of 12 training courses on gender-based violence with special focus on trauma-informed approaches and secondary trauma prevention
- Cooperating with national and international NGOs providing psycho- social programs to refugees from Syria in Sanliurfa, Mersin, and Gaziantep provinces
- Distribution of hygiene kits to Syrian and Iraqi refugees in south-east Turkey
- Distribution of 535,000 brochures on "the protection of family in Turkey" in Arabic and 527,500 in Turkish to all refugees from Syria inside the camps and to host communities. Distribution of 300,000 brochures on safe motherhood in Arabic at all camps and in urban areas
- Establishment of reproductive health counseling units for refugees from Syria

**CHALLENGES**

- Dramatic displacement of populations and ensuing humanitarian needs as a result of escalating regional conflict with ISIS attacks and additional fighting in Iraq and northern Syria (Kobane)
- Cross-border operations increase the need for efficient cooperation with humanitarian partners on issues related to reproductive health and gender-based violence
- Increased tensions, including protests and violence in communities hosting refugees

**UNFPA PRIORITIES, 2015**

**Refugees**

- Continue to provide dignity kits in and outside refugee camps
- Expand counseling for reproductive health and gender-based violence in and outside refugee camps
- Ensure availability of reproductive health services, including essential obstetric care to all refugees from Syria
- Support the provision of services to survivors of gender-based violence
- Improve identification of, reporting on and referral of survivors of gender-based violence to adequate services
- Expand women-friendly spaces and counseling services in and out of camps
- Carry out awareness-raising campaigns about gender-based violence

**Resilience**

- Strengthen the capacity of service providers in the field of reproductive health within the primary health care system
- Work with concerned ministries on strengthening their own programs on prevention and protection against gender-based violence, in particular to help refugees from Syria
- Continuously improve the quality of services responding to gender-based violence through efficient monitoring and evaluation mechanisms

"Trust is the foundation of our success," says Iman, a social worker working with vulnerable Syrian refugee women at the women's centre in Deir Alla, Jordan. "To see the people who come to the centre happy is our reward. I do everything I can to provide the best possible support to Syrian women. They went through a hard time and are still struggling. My work can be exhausting at times because these women have been through a lot of sorrow. I work hard to offer protection and give them strength for the future. But a smile is my reward."

# UNFPA FINANCIAL REQUIREMENTS FOR 2015

Summary of UNFPA Financial Requirements for SYRIA 2015 under Whole of Syria Strategic Response Plan (3RP)

PROGRAMME	REQUIREMENT	TOTAL \$	GRAND TOTAL \$
REPRODUCTIVE HEALTH	Service delivery	6,000,000	12,740,000
	Procurement	3,000,000	
	Reproductive health vouchers	2,500,000	
	Capacity building	300,000	
	Operational costs	940,000	
PROTECTION (GENDER-BASED VIOLENCE)	Prevention	500,000	2,970,000
	Comprehensive response	1,500,000	
	Coordination	750,000	
	Operational costs	220,000	
WATER, SANITATION AND HYGIENE (WASH)	Information, education and communication materials and orientation sessions	150,000	10,800,000
	Dignity kits	8,750,000	
	Sanitary napkins	600,000	
	Warehousing / logistics	500,000	
	Operational costs	800,000	
EARLY RECOVERY	Health facilities	2,000,000	2,160,000
	Operational costs	160,000	
<b>T O T A L</b>			<b>28,670,000</b>

Summary of UNFPA Financial Requirements for 2015 under the Regional Refugee and Resilience Plan (3RP)

	PROGRAMME	REQUIREMENT		TOTAL \$	GRAND TOTAL \$
		REFUGEES	RESILIENCE		
LEBANON	REPRODUCTIVE HEALTH	3,700,000	1,000,000	4,700,000	8,276,000
	PROTECTION (GENDER-BASED VIOLENCE)	2,946,000	450,000	3,396,000	
	DIGNITY KITS	180,000	-	180,000	
JORDAN	REPRODUCTIVE HEALTH	5,393,000	1,516,000	6,909,000	14,820,620
	PROTECTION (GENDER-BASED VIOLENCE)	6,838,000	1,974,000	7,911,620	
IRAQ	REPRODUCTIVE HEALTH	500,000	1,200,000	1,700,000	3,465,000
	PROTECTION (GENDER-BASED VIOLENCE)	890,000	875,000	1,765,000	
EGYPT	REPRODUCTIVE HEALTH	380,000	100,000	480,000	1,091,465
	PROTECTION (GENDER-BASED VIOLENCE)	100,000	511,465	611,465	
TURKEY	REPRODUCTIVE HEALTH	2,386,000	285,000	1,823,000	20,254,500
	PROTECTION (GENDER-BASED VIOLENCE)	1,823,000	427,000	2,250,000	
	DIGNITY KITS	15,333,500	-	15,333,500	
<b>T O T A L</b>					<b>47,907,585</b>



# WOMEN AND GIRLS IN THE SYRIA CRISIS: UNFPA RESPONSE

## FACTS AND FIGURES

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

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

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

UNFPA IMPLEMENTING PARTNERS IN IRAQ: Ministry of Culture, Sport and Youth (MCSP), Ministry of Labor and 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), 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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2015