



Zahraa: "I insisted on breastfeeding my new-born for all the health benefits." Ever since her marriage around two and a half years ago, 18 year-old Zahraa, originally from Syria, has been living with her husband Ali in a small tent made of fabric sheets in the Bekaa Valley in Lebanon. Aged 28 years, Ali, also a refugee, makes a living by working on a water truck to distribute water to nearby households.

Although it took Zahraa some time to conceive, joy filled their small home when the couple learned she was pregnant with their first child, Mohammad. Like many other young Syrian refugee women living in the Bekaa valley, Zahraa needed knowledge and support to breastfeed after delivery, which she received from International Orthodox Christian Charities (IOCC), through its infant nutrition and reproductive health project. Funded by UNFPA, the project is aimed at improving the health conditions of mothers and infants.

IOCC lactation specialist Batoul already knew Zahraa as the latter lived on her cousin's farm. She was ready to guide her on proper diet during pregnancy and gave her a lot of information about breastfeeding, its importance, and benefits to prepare her for the next stage. When Batoul learnt that Zahraa had given birth, she educated her on techniques for successful nursing. However, challenges arose when her newborn caught an infection shortly after birth, and was admitted to the neonatal intensive-care unit. During that time, Batoul taught Zahraa how to pump her breast milk to maintain the supply, and encouraged her to breastfeed him while he was still at the hospital.

"I insisted on breastfeeding him for all the benefits Batoul had already told me about," Zahraa shyly recollected. It took four days for Mohammad to recover; his young father was very supportive in taking his wife to the hospital to breastfeed his child. Now 10 days old, Mohammad is healthy and breastfeeding easily. "I am convinced that giving my breast milk is better for me and my child, and I am eating healthy food just to ensure adequate milk supply. I want to breastfeed my child for as long as possible," Zahraa said.

Credit: Rana Hage | IOCC, Bekaa, Lebanon, 2015

HIGHLIGHTS

SYRIAN ARAB REPUBLIC: UNFPA delivers 330,000 services to 103,000 Syrians affected by the conflict; these include safe delivery services for 21,500 women, reproductive health and gender-based violence related awareness services to 25,000 people, and provision of support to 3,924 gender-based violence survivors residing in the affected governorates. UNFPA, in cooperation with the Ministry of Health, conducts a series of capacity building events on the Minimum Initial Service Package (MISP) as well as basic and advanced life support in obstetrics. These events target 87 health professionals, who will be able to provide better quality reproductive health services to around 20,000 persons per month nationwide.

LEBANON: UNFPA, through its partners, organizes awareness sessions on reproductive health, targeting 5,681 women mainly in Akkar, Baalbek, Tripoli, and Zahle. UNFPA supports 307 women survivors of gender-based violence, distributes 2,946 dignity kits, and starts a socio-economic project titled 'Sarah's Bag' to support Syrian women in Baalbek. Forty boys participate in UNFPA-supported gender-based violence prevention activities in Mount Lebanon and Beirut. UNFPA finalizes a peer-to-peer education-training curriculum.

JORDAN: UNFPA provides reproductive health services to 12,153 women in UNFPA-supported facilities in camps and host community, supports 147 deliveries, and reaches 3,500 women and families with reproductive health messages. UNFPA supports 1,270 gender-based violence survivors and provides gender-based violence services to 9,386 women, girls, men, and boys.

IRAQ: UNFPA provides reproductive health services to 2,716 women of reproductive age at UNFPA-supported health centres, supports 458 deliveries, and 114 Caesarean sections. As many as 128 women receive gender-based violence related services; 2,809 women and girls benefit from awareness raising and outreach activities on gender-based violence issues; and 856 youth participate in different UNFPA-supported activities.

TURKEY: UNFPA provides reproductive and family planning services to 2,212 Syrians in counseling units, and reaches 2,212 people with reproductive health related messages through 46 sessions on the topic. UNFPA provides gender-based violence related services to 563 Syrian women, holds awareness sessions for 649 individuals, conducts outreach activities for 563 beneficiaries, and builds the capacity of 312 young persons on youth sexual and reproductive health in humanitarian settings.

EGYPT: UNFPA organizes 19 awareness sessions on sexual and reproductive health for 117 women and 218 girls as well as gender-based violence awareness sessions targeting 335 women and girls in Damietta safe space.

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.



HUMANITARIAN SITUATION

SYRIAN ARAB REPUBLIC

While security continues to be an ongoing challenge in Syria, the country's internal and global political atmosphere is also becoming more complex due to an external air intervention. The country's fragile situation is further affected by numerous factors including the statements being issued by local and international figures, both within and outside of Syria. Some anecdotal reports suggest massive displacements in Aleppo and rural Hama. As such, many women and girls are exposed to threats including lack of reproductive health services and greater exposure to incidents of gender-based violence.

As winter sets in, displaced families, including women, stand the risk of various threats including exposure to communicable and non-communicable diseases. The poor economic conditions of these families, coupled with the limited access of humanitarian actors due to security constraints, is further weakening the ability of these families to cope with the increasing demand for reproductive health and gender-based violence related services. Consequently, according to some anecdotal reports received from international partners, women are being forced to exchange substantive assistance for sex.

The unilateral financial and economic measures imposed on Syria are not only leading to further deterioration of the financial condition of Syrian families, but also depletion of the local market.

LEBANON

The number of registered Syrian refugees has continued to decline; there were 1,078,338 registered Syrian refugees as of September 30. Refugees from Syria continue to transit through Lebanon, onwards to Turkey and Europe. UNHCR estimates that around 6,000 to 7,000 persons are illegally transiting out of Tripoli port every week; the vast majority is believed to be Syrian refugees leaving Syria. However, some are also Syrians who have been resident in Lebanon. UNHCR expects three times as many Syrian refugees to leave from Lebanon in 2015, compared to 2014. The reasons for their exit include the high cost of living, loss of hope, limited income generating opportunities, difficulty in renewal of legal residency, scant education, opportunities aid shortfalls, and insecurity.

JORDAN

The number of Syrian refugees leaving Jordan steadied in September, following a sharp increase in returns the previous month. As stated in the UNHCR operation report, the emergence of additional actors in the Syrian conflict, and the anticipation of increased humanitarian assistance to Jordan, are possible factors that are encouraging refugees to remain in Jordan.

The Minister for Planning and International Cooperation said that the financial burden of hosting refugees has increased the Kingdom's budget deficit and debt, as direct and indirect costs borne by the country since the beginning of the Syrian crisis stand at around \$6.6 billion, excluding humanitarian aid interventions and support for resilience and stability measures. He added that the problem is not the refugee crisis per se, but stability and national resilience, in addition to turbulence in the region, whose impact, he said, has now reached Europe.

QUICK FIGURES

SYRIAN ARAB REPUBLIC:	
SYRIANS AFFECTED BY THE CRISIS	12.2 MILLION
WOMEN AND GIRLS OF REPRODUCTIVE AGE	4 MILLION
SYRIAN PREGNANT WOMEN	360,000
YOUTH	2.5 MILLION
LEBANON:	
SYRIANS AFFECTED BY THE CRISIS	1,078,338
SYRIAN WOMEN AND GIRLS OF REPRODUCTIVE AGE	269,585
SYRIAN PREGNANT WOMEN	20,757
SYRIAN YOUTH	209,907
JORDAN:	
SYRIANS AFFECTED BY THE CRISIS	630,224
SYRIAN WOMEN AND GIRLS OF REPRODUCTIVE AGE	153,096
SYRIAN PREGNANT WOMEN	11,154
SYRIAN YOUTH	130,907
IRAQ:	
SYRIANS AFFECTED BY THE CRISIS	245,585
SYRIAN WOMEN AND GIRLS OF REPRODUCTIVE AGE	63,646
SYRIAN PREGNANT WOMEN	4,419
SYRIAN YOUTH	65,144
TURKEY:	
SYRIANS AFFECTED BY THE CRISIS	2,154,826
SYRIAN WOMEN AND GIRLS OF REPRODUCTIVE AGE	538,707
SYRIAN PREGNANT WOMEN	34,320
SYRIAN YOUTH	323,224
EGYPT:	
SYRIANS AFFECTED BY THE CRISIS	128,019
SYRIAN WOMEN AND GIRLS OF REPRODUCTIVE AGE	34,142
SYRIAN PREGNANT WOMEN	2,343
SYRIAN YOUTH	30,689

SOURCES: Turkey's Disaster and Emergency Management Authority (AFAD), UNHCR MENA Bureau, OCHA, and UNFPA October, 2015

LEBANON | ASSESSMENT FINDINGS

The research report 'Gender Based Violence against Women and Girls Displaced by the Syrian Conflict in South Lebanon and North Jordan: Scope of Violence and Health Correlates,' has been finalized. Supported by UNFPA and Alianza, the report comprehensively examines the scope of violence experienced by Syrian women and girls, the health (including sexual and reproductive health) impact of this violence, as well as the survivor's help-seeking behaviour and experiences in seeking help from existing response channels.

Among other findings, the report confirms the prevalence of gender-based violence (GBV) among the Syrian refugee community (including sexual and emotional violence in public and private spaces, as well as sexual and physical violence in their private residences). It also reflects on the key role of mothers- and sisters-in-law in perpetrating and contributing to the abuse of refugee women, as well as the importance of the implications of such treatment on the mental, physical, as well as sexual and reproductive health of women and girls.

In general, women are aware of the availability of specialized services but are not always able to access them due to physical impediments, social barriers to help-seeking, gendered norms

related to private and public spaces, financial and social barriers to women's independent living, and fear of violence in public spaces.

The report provides a set of practical recommendations aimed at improving the provision of quality services for refugees (such as by offering one-stop shops), enhancing trust-building with beneficiaries (such as by leveraging the refugee support network) and improving coordination among actors (such as by implementing the new IASC guidelines for gender-based violence in emergencies involving inter-sectorial work), as well as production of targeted evidence (such as by engaging with men and boys, identifying the needs and services of the elderly, and investigating relevance of cash transfers in gender-based violence protection services).

The report was launched at the National Sexual and Gender-Based Violence Task Force meeting. Its findings and recommendations will be disseminated broadly and will also be discussed with gender and health partners in order to adapt and improve upon the 2016 gender-based violence and reproductive health response.

During the reporting period, UNHCR recorded Jordan as hosting 629,627 refugees. There are a total of 25,774 refugees in Azraq camp and 79,284 refugees in Zaatari camp.

IRAQ

According to UNHCR, Iraq was hosting 245,585 Syrian refugees as of October 15; of these, around 45.46 percent are living in Erbil, 39.21 percent in Dohuk, and 12 percent in Sulaymaniyah, while the rest are scattered in other governorates. About 61.40 percent of the refugees live in urban areas while 38.60 percent live inside camps. Most of Syrian refugees in Iraq have their origins in Hasakah (58 percent), followed by Aleppo (24 percent) and Damascus (9.4 percent).

Iraq is experiencing two simultaneous crises; in addition to refugees, it has a population of 2.8 million internally displaced persons, of which 1.5 million live in conflict-affected areas. The country has around 900,000 displaced women of reproductive age and 350,000 displaced adolescent girls. Moreover, around 10-15 percent of the displaced families are female-headed households.

TURKEY

Terrorist attacks are continuing in the southeastern region of Turkey, with the Government of Turkey and security forces in the region being the key targets. The deadliest terror attack in Turkey's history, which targeted a peace march in the centre of Ankara on October 10, resulted in 100 deaths, following which the Government declared three days of national mourning. Attacks such as these have magnified the region's security dilemma.

The Syrian refugee crisis continues to be a serious issue, with its effects amplifying over time. According to the last UNHCR update, there are more than 2 million registered Syrian refugees in Turkey. The country's security challenges are hampering the activities of humanitarian programmes, making it essential for UNFPA to strengthen the coordination mechanisms, particularly with NGOs.

EGYPT

The number of registered Syrians seeking refuge in Egypt reached 128,019 during the reporting period. Most of the refugees are scattered in rented households located 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 these services remain a major challenge, given that the public sector is already struggling to meet the needs of Egyptians. With the prolongation of the crisis and decreased funding, vulnerabilities are escalating among Syrian refugees, 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



Rim was a high school student in Syria until the war intensified, forcing her to settle in Istanbul with her family a few years ago. She got married a year ago and moved to Gaziantep in Turkey, where she lives with 15 people (including her mother-in-law, father-in-law, two sisters-in-law, and others). Her husband works when he finds employment, stays home when he cannot, and occasionally does not get paid by his employer. As such, they do not have a regular income. Rim had two miscarriages within the first year of her marriage, and is now two months pregnant. Hers is a high-risk pregnancy but she cannot access free health care as she does not yet have a temporary identification card.

Rim finds Gaziantep safe since there is no sound of missiles and no war. Yet, together with her husband, she wants to go to another country that can offer better employment opportunities. Being in a foreign country, she is afraid to leave home by herself. Sometimes, she goes out with her mother-in-law but often just stays indoors. According to Rim, Turkey is a very expensive country, and she is deeply troubled both on account of financial issues and due to being far from her family. Syria is her homeland, and she would like to return when the war is over.

A team working with UNFPA's implementing partner KAMER went to the maternity clinic on behalf of Rim. She was given an appointment to get her identification in February 2016. Initially, she was not found to qualify for emergency admissions. In the end, a doctor examined Rim, did an ultrasound, gave her medications, got her emergency admission, and wrote a report stating that she is pregnant and recommending follow-up. The KAMER team took her for her follow-up visit and also escorted her to the relevant authorities so that she could get her medication, and helped her to get her identification.

Credit: KAMER, Turkey, 2015

SYRIAN ARAB REPUBLIC

REPRODUCTIVE HEALTH SERVICES: During the reporting period, UNFPA continued to support its implementing partners in the delivery of lifesaving reproductive health services to affected people in Syria. As such, around 330,000 services were delivered to 103,000 Syrians; these included safe delivery services for 21,500 women, of whom 240 opted for Caesarean section. Moreover, 530 women received reproductive health services through the UNFPA reproductive health voucher system in Damascus, Rural Damascus, and Aleppo. UNFPA's partners distributed 600 vouchers in Damascus, Rural Damascus, and Aleppo.

REPRODUCTIVE HEALTH SUPPLIES: Reproductive health supplies and medicines were delivered to health facilities of the Ministry of Health and to health facilities in Homs as well as Rural Damascus (as part of the ceasefire operation in Rural Damascus and Idlib), enabling the provision of improved reproductive health services, including family planning and safe delivery, to 100,000 beneficiaries.

REPRODUCTIVE HEALTH AWARENESS SESSIONS: UNFPA assisted mobile teams of the Syrian Arab Red Crescent (SARC) and the Syrian Family Planning Association (SFPA) in the delivery of 15,700 awareness raising services for violence-affected families in eight governorates.

UNFPA, through the mobile teams of its partners, especially SFPA, supported the delivery of 20,000 reproductive health and gender-based violence related services for the crisis-affected families in Damascus, Rural Damascus, Homs, Aleppo, Latakia, Tartous, and Hama.

REPRODUCTIVE HEALTH TRAINING: Supported by UNFPA, a series of training events were carried out during the reporting period. These included a five-day training on the Minimum Initial Service Package (MISP) for 20 service providers of SFPA clinics in Damascus, a training on advanced life support in obstetrics for 40 physicians, and a training workshop on basic life support in obstetrics, which was organized in cooperation with the Ministry of Health, with 27 midwives working in SFPA clinics and mobile teams benefiting from the activity.

Moreover, with UNFPA support, 38 physicians and academic professors participated in the process of the adaptation and adoption of WHO guidelines on 'Managing complications of pregnancy and childbirth.'

SUPPORTING HUMAN RESOURCE: UNFPA continued to support the mobile and static clinics of SFPA and SARC through deployment of around 80 health workers in 12 governorates.

LEBANON

REPRODUCTIVE HEALTH SERVICES: UNFPA, in collaboration with the International Orthodox Christian Charities (IOCC), organized awareness sessions and counseling on infant and young child feeding (IYCF) targeting 2,445 women; of these, 496 women in Bekaa/Baalbek-Hermel and 288 women in Akkar and Tripoli received one-on-one counseling on IYCF.

REPRODUCTIVE HEALTH AWARENESS SESSIONS: UNFPA, in collaboration with the International Medical Corps (IMC), targeted 646 Syrian women in 25 informal tented settlements in West Bekaa and Zahle through 188 sessions on safe motherhood. The sessions covered topics such as antenatal care including pregnancy care, healthy nutrition for pregnant and lactating women, good hygiene practices during pregnancy, importance of seeking care at the primary health care centre, significance of supplements, postnatal care, breastfeeding, care of newborn babies, and vaccination promotion.

UNFPA, through the Lebanon Family Planning Association for Development and Empowerment (LFPAGE), implemented 90 awareness sessions on family planning in Minnieh, Kwashera, Ayrounieh-Akkar, and Mashta Hammoud in Wadi Khaled. These sessions targeted 1,800 Lebanese and Syrian women.

UNFPA, through Al-Mithaq, targeted 395 Lebanese and Syrian women in Baalbek through awareness sessions on family planning issues, sexually transmitted infections (STIs), early marriage, hygiene, and pregnancy related care.

JORDAN

REPRODUCTIVE HEALTH SERVICES: During the reporting period, UNFPA provided 12,153 reproductive health services in UNFPA-supported facilities in camps and host communities. In Zaatari, skilled personnel attended 147 deliveries, while post-abortion care and family planning counseling were provided for 22 cases of miscarriages reported at reproductive health clinics. Of the total beneficiaries, 1,181 women benefited from family planning services; of these, 66 percent were women living in camps (Zaatari, Azraq, Cyber City, and King Abdullah Park).

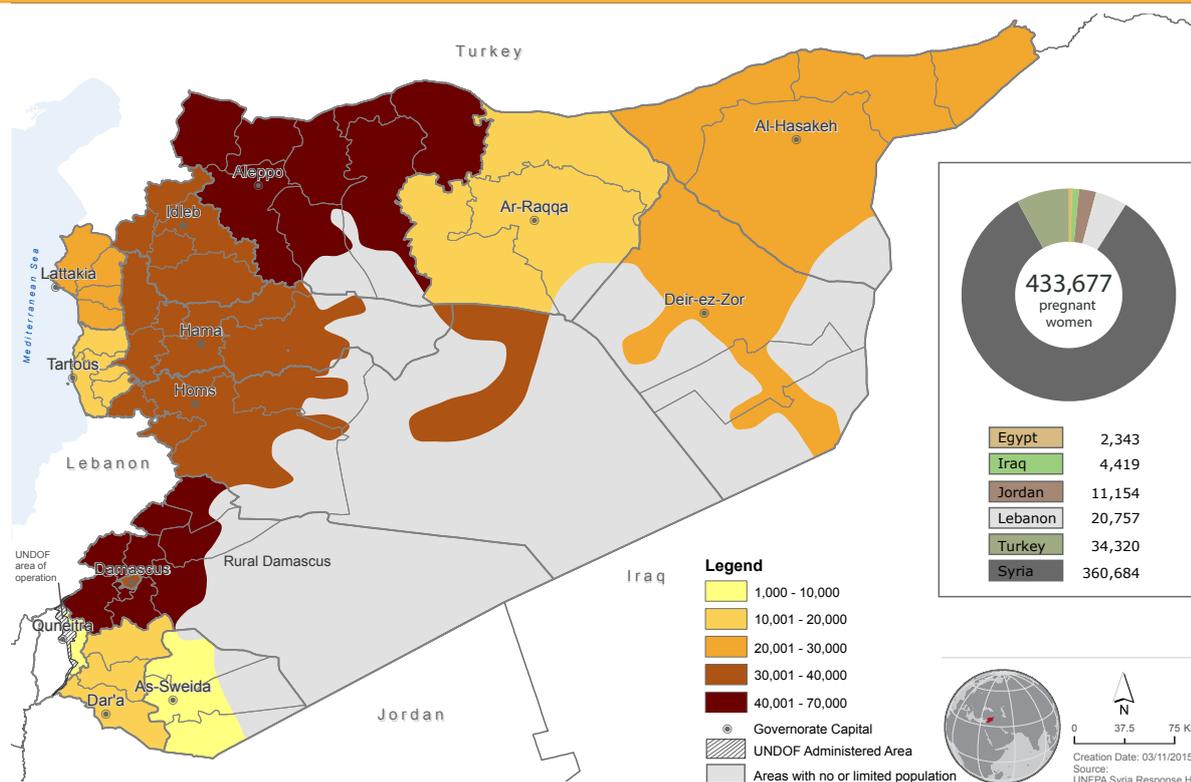
UNFPA provided ante-natal care services to 2,941 beneficiaries, of which 27 percent were living in host community. Postnatal services were delivered to 406 women while 1,912 women received management for genito-urinary tract infections and STIs. Another 1,256 women were screened for anaemia; 33 percent of pregnant women were found to be anaemic. Also, 1,736 women had access to gynecological services, 920 women received breast cancer screening services, and 231 women were referred either for emergency deliveries or for other reproductive health related complications. As many as 172 women received tetanus toxoid vaccination services in the Zaatari, Azraq, and Cyber City camps.

In Zaatari camp, 55 awareness and one-to-one counseling sessions were conducted for 3,055 beneficiaries; of these, 47 percent were women aged between 18-24 years and 60 percent were women over 24 years of age. These sessions were conducted in partnership with the Institute for Family Health (IFH) and Jordan Health Aid Society (JHAS). The sessions featured topics like family planning methods, personal hygiene, early detection of breast cancer, infections and sexually transmitted diseases, early marriage, early initiation of breast-feeding, and safe pregnancy.

In Azraq camp, 963 individual refugees were reached through shelter visits and 1,115 families were reached by community health volunteers. During these visits, brochures containing information about services available within the two centres were also disseminated. A total of 637 individuals attended the reproductive health awareness sessions.

In the host community, UNFPA partnered with JHAS, IFH and Un Ponte Per (UPP) for provision of reproductive health services including family planning. In addition, awareness sessions focusing on sexual and reproductive health were conducted for 485 individuals. These sessions focused on topics such as the importance of personal hygiene,

SYRIA CRISIS: PREGNANT SYRIAN WOMEN INSIDE SYRIA (BY GOVERNORATE) AND IN NEIGHBOURING COUNTRIES



health and psychological changes in adulthood, and topics related to gender-based violence; 31 percent of the beneficiaries were women aged between 18-24 years while 66 percent were above 24 years of age.

REPRODUCTIVE HEALTH TRAINING: During the reporting period, two-day trainings on reproductive health, basics of gender-based violence, emergency obstetric care, and referral system were conducted, targeting 22 staff members (females: 12, males: 10) representing local community-based organizations in Amman and Salt.

UNFPA and IFH carried out a five-day training on MISP in Irbid. The training was attended by 17 health care providers (doctors, nurses, and psychologists) working at reproductive health clinics of Médecins du Monde, the International Committee of the Red Cross (ICRC), Bright Future, and the Ministry of Health centres. Some IFH field staff providing medical and/or humanitarian assistance to refugees also benefited from the training. Another three-day training on reproductive health protocols was carried out in Irbid for 14 health care providers (doctors, nurses and psychologists from NGOs) and some IFH field staff.

UNFPA and the International Medical Corps (IMC) organized a training session on post-abortion care for 28 physicians, midwives and nurses. The objective of the training was to provide guidance on post-abortion care, advice, counseling, and use and acceptance of family planning methods.

IRAQ

REPRODUCTIVE HEALTH SERVICES: A total of 2,716 women of reproductive age benefited from reproductive health services at UNFPA-supported health centres; of these, 55 received postnatal care and 162 received family planning consultation. UNFPA supported 458 safe deliveries while 114 women opted for Caesarean section.

REPRODUCTIVE HEALTH AWARENESS ACTIVITIES: A total of 338 women and girls in Domiz, Gawilan, and Arabat refugee camps

benefited from awareness raising on family planning, danger signs of pregnancy, signs of labour, self-care, and breastfeeding.

TURKEY

REPRODUCTIVE HEALTH SERVICES: As many as 2,212 Syrians benefited from reproductive and family planning services provided by counseling units.

REPRODUCTIVE HEALTH AWARENESS ACTIVITIES: During the reporting period, 2,212 people were approached with reproductive health related messages through 46 sessions on reproductive health, including early pregnancy and family planning.

REPRODUCTIVE HEALTH TRAINING: The Provincial Health Directorate in Adana organized a training on Emergency Obstetric Care (EmOC) for Turkish service providers. The training was attended by 45 midwives and nurses from seven provinces and districts in the southeastern region, where most of the Syrian refugees in Turkey are living. There are 14 training centres throughout the country that are capable of holding such trainings for groups, depending on need. Some schools and universities also have skill laboratories. An impressive 70 percent of the participants expressed the need for interpretation services to meet the needs of clients in view of the language barrier.

SUPPORTING HUMAN RESOURCE: UNFPA continued to support six Syrian service providers at various counseling units; one at Hacettepe-Ulubey counseling unit, three at Harran University, and two at the International Middle East Peace Research Centre (IMPR).

EGYPT

REPRODUCTIVE HEALTH AWARENESS ACTIVITIES: In Damietta, 10 sessions were organized for 117 women and nine sessions for 218 girls. The sessions focused on topics including sexual and reproductive health, first aid, and life skills training. These topics were decided on prior needs assessment carried out by trainers and Syrian community health workers.



UNFPA through the IMC community health worker provided one-to-one counseling on family planning to a Syrian woman in an informal tented settlement in Central Bekaa, Lebanon.

Credit: IMC, Lebanon, 2015.



Mother Agnes (Fadia Laham), left, examines distribution of humanitarian aid from UNFPA and other sources such as the Syrian Arab Red Crescent. The Monastery - Deir Mar Yakub, Qara, Syria - has become a centre for aid distribution to thousands of Syrian families, especially in the Qalamun region, Damascus, and Tartous. Children were happy to receive UNFPA aid backpacks with useful clothes, hygiene products, underwears, and of course, soccer balls!

Credit, SARC, Syria, 2015.

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 provided medical examinations and/or psychosocial support to around 3,924 gender-based violence survivors residing in the affected governorates.

GENDER-BASED VIOLENCE AWARENESS SESSIONS: UNFPA-assisted clinics and mobile teams of SFPA and SARC in Damascus, Rural Damascus, Homs, Latakia, Tartous, and Der'a provided 9,100 gender-based violence awareness raising services.

GENDER-BASED VIOLENCE TRAINING COURSE: A total of 26 service providers from SFPA clinics in Homs completed a three day training session on gender-based violence prevention and response.

GENDER-BASED VIOLENCE MATERIALS: A total of 1,849 packs of sanitary napkins, 1,500 female dignity kits, 500 male dignity kits, and 272 quilts were distributed to affected people in Homs, al-Holla area in cooperation with SARC. Also, in cooperation with SARC, 1,350 kits were delivered to Zabadani area in the Damascus countryside.

UNFPA participated in a United Nation joint assistance mission as part of the ceasefire operation in Zabadani, Kafraia and al-Foa, UNFPA provided 2,000 male female hygiene kits and reproductive health supplies to cover approximately 400 home-based delivery and 90 health facilities-based delivery in Zabadani and its neighboring villages.

WOMEN AND GIRLS SAFE SPACES: UNFPA supported 11 centers that provide GBV screening and services for women in Damascus, Aleppo, Sweida, Lattakia, Tartous, Hasakah and Hama through the deployment of gynecologists, midwives, psychosocial support counselors and nurses.

LEBANON

GENDER-BASED VIOLENCE SERVICES: UNFPA, in partnership with KAFA, provided gender-based violence related services to 307 women victims of GBV at its listening and counseling centre (LCC) in Beirut. These services include legal consultations and court representations, psychological support and listening, forensic reports, and referral to safe housing. Forty-two percent of the beneficiaries were aged between 30-45 years while 48 percent were between 45-50 years old, with the majority (64 percent) being from Mount Lebanon.

"After I started visiting KAFA, I was able to decide for myself," remarked one of the beneficiaries while explaining how she had benefited from the services.

Psychotherapy coaching sessions help LCC social workers to consolidate their skills, especially when dealing with people suffering from psychological disorders.

A lawyer recruited by Al-Mithaq for provision of legal advice to women at risk of or victims of gender-based violence provided eight legal consultations during the reporting period.



A big "thank you" from Qara, Deir Atiyah, and the Qalamun region (Damascus countryside)

"Hygiene kits are so supportive for us in hard times."

As many as 900 packages were distributed in upper Qalamun (Qara, Deir Attieh, Maalula) and surrounding areas, and 2,000 were distributed by the main warehouse of the Greek Catholic Patriarchate.

Walid Hourani distributed aid on behalf of the humanitarian assistance team of Qara. Many people remarked that the hygiene packets were helpful in hard times, and especially talked about the usefulness of the solar-powered flashlights.

"Thanks to the donations of UNFPA and others, the humanitarian assistance team of Fadia Laham was able to provide much-needed aid to the people of Qara, Deir Atiyah, and the Qalamun region. In Qara, they were determined to give to women, especially those whose husbands had died and they are left as single mothers with young children."

The humanitarian assistance team of Fadia Laham distributed 1,000 UNFPA hygiene kits in Tartous, Syria, which houses many refugees from Aleppo and Idlib. Another set was sent to Homs and its province.

Credit: UNFPA, 2015

GENDER-BASED VIOLENCE AWARENESS SESSIONS: INTERSOS implemented activities to promote positive coping mechanisms for women and girls at risk of or survivors of gender-based violence by strengthening their self-esteem and self-reliance:

One-day technical workshops were organized in three livelihood centres. The aim of these workshops, which were attended by 64 women, was to develop consensus on various steps of the livelihood programme of each centre.

An awareness session on good parenting techniques was organized for 10 men. The participants were very positive about being able to freely express the daily challenges confronting them while also acquiring knowledge to help them in their everyday lives.

An awareness session on tackling domestic violence was conducted in the house of a beneficiary in Aramoun village in Chouefat. The session was attended by 14 women, who discussed the common misconception of protecting the perpetrator and accusing the survivor of 'causing' the abuse.

Two awareness sessions were conducted in Chiah; one of these sessions on early marriage encouraged 16 women to express the unspoken challenges that they experienced during their pregnancies. As many as 12 out of 16 women were alone during pregnancy and delivery.

"This is the only place where we can laugh and learn," remarked one of the beneficiaries when expressing gratitude towards INTERSOS and UNFPA. Another said, "We are very happy to be able to attend these sessions."

A session on gender-based violence was organized for eight women in Bourj al Barajneh. The participants were eager to learn about preventive techniques for gender-based violence.

An awareness session on gender-based violence was organized in the Caritas/INTERSOS centre in Bourj Hammoud. The session benefited 18 women aged between 17-52 years. Al-Mithaq organized seven awareness raising sessions on gender-based violence in and around the city of Baalbek, reaching out to 177 Lebanese and Syrian women.

KAFA conducted two awareness raising sessions in its Beirut LCC premises. The first focused on the role of a mother in sexual education of her daughter while the second revolved around the influence of parental pathologies on children. Each of the sessions targeted 20 Lebanese women.

UNFPA, through Concern Worldwide in Basmeh and Zeitooneh, identified and selected 65 vulnerable women from Tripoli to benefit from a socio-economic empowerment project. These beneficiaries were divided into three groups to ease the learning process. Each group received psycho-social support and awareness sessions on women's rights and gender equality, psychological, emotional and social needs, and the impact of family pressures, as well as constructive communication.

In addition, a first group of 20 women completed the first part of a training session on advanced skills in sewing and tailoring. Subsequently, and in view of their potential and interest, they will be assigned to produce items to be sold through Basmeh and Zeitooneh's marketing channels, receiving a pre-determined amount for each piece they produce.

In order to enhance the commitment of these women, Basmeh and Zeitooneh has established a day care centre where the participants' children are engaged in activities while their caregivers receive training. This initiative has added further value to the programme as most women's primary obstacle to taking part in such training stems from the caregiving duties they have to carry out.

GENDER-BASED VIOLENCE OUTREACH: UNFPA distributed 2,946 dignity kits. Of these, INTERSOS distributed 36 kits to 185 beneficiaries attending a curriculum on photography training; Al-Mithaq distributed 110 kits to both Lebanese and Syrians attending problem solving sessions in random settlements of Syrian refugees and the village of Britel; and the International Orthodox Christian



Stakeholders' meeting on reproductive health commodity security (RHCS) in Lebanon.

Credit: UNFPA, 2015

Charities (IOCC) distributed 2,800 dignity kits to Syrian and Lebanese women attending awareness sessions in Bekaa and northern Lebanon.

GENDER-BASED VIOLENCE TRAINING: The Resource Centre for Gender Equality (ABAAD) conducted on-the-job coaching sessions on clinical management of rape at the Notre Dame de la Paix Hospital in Kobayyat. The session was attended by 22 doctors, nurses and midwives.

UNFPA, in collaboration with the Institute for Women's Studies in the Arab World (IWSAW) at the Lebanese American University (LAU) and Al-Mithaq organized a four-day training workshop on application of the basic living skills programme in Beirut. Twenty social workers working in 13 centres and NGOs in Bekaa area participated.

UNFPA, through KAFA, conducted six training sessions on communication and case management of gender-based violence. The sessions targeted 50 health facilities in the governmental hospital of Tripoli, Bekaa Hospital, and in Akkar. KAFA also organized a training session on national law 293 on domestic violence, targeting 17 male officers of the Internal Security Force at the Police Academy in Aramoun, and a training for 25 humanitarian actors in Chtoura-Bekaa, and Chekka-northern Lebanon.

Al-Mithaq organized a training course on problem solving at the Al-Mithaq Centre in Baalbek while Al-Majmoua organized a training on financial education for five UNFPA gender partners (IRC, INTERSOS, CONCERN, KAFA, and Al-Mithaq). The objective was to build the capacity of these partners on socio-economic development, thereby enabling them to deliver safe and gender-sensitive financial education to women and youth community members.

WOMEN AND GIRLS SAFE SPACES: KAFA's new shelter (in Mount Lebanon) for female sex workers and migrant domestic workers who have been victims of violence has been fully equipped and furnished, with personnel recruited and ready to receive beneficiaries. A recently established regional judicial detachment in Beit el Dinn has also been equipped.

RECREATIONAL ACTIVITIES IN WOMEN CENTRES: UNFPA, in partnership with Al-Mithaq, started a new project 'Sarah's Bag' (a pioneer in artisanal revival and work with underprivileged women) to revive the art of 'Tareq' (special embroidery) in Baalbek.

JORDAN

GENDER-BASED VIOLENCE SERVICES: During the reporting period, 400 survivors benefited from case management services; of these, 59 percent reported cases in camps and 41 percent in hosting communities. Likewise, 504 survivors (females: 96 percent, males: 4 percent) accessed individual psychosocial counseling. The majority (59 percent) of the females were women aged between 25-49 years while 4 percent were girls aged less than 18 years.

On the other hand, 91 survivors participated in psychosocial support groups; of these, 88 percent were delivered in camps. Another 95 survivors were referred to other service providers. Additionally, 125 survivors received individual health education and reproductive health counseling services while 58 survivors were referred to legal gender-based violence counseling and services; of the total, 90 percent of the services were delivered in Zaatari camp.

As many as 1,093 women, girls, men, and boys (WGMB) were sensitized on gender-based violence related issues (awareness raising as prevention); of these, 74 percent sessions were delivered in hosting community and 26 percent in camps. Also, 119 clients (females: 73 percent, males: 27 percent) benefited from individual psychosocial support. Another 4,334 beneficiaries participated in gender-based violence prevention activities (self-reliance, vocational training, life-skills); of these, 78 percent of the activities were carried out in camps and 22 percent in host communities, with 75 percent of the total beneficiaries being females. Activities involving beneficiaries in the design, implementation, and review of gender-based violence prevention registered 200 participants. Meanwhile, stress and anger management services were accessed by 337 beneficiaries.

Furthermore, 3,403 persons (females: 58 percent, males: 42 percent) were reached through outreach visits.

GENDER-BASED VIOLENCE MATERIAL: UNFPA and IMC continued to build the capacity of women and adolescent girls in Azraq, helping them mitigate, prevent, and respond to gender-based violence. During the reporting period, 150 women and adolescent girls, most of them aged above 24 years, were enrolled.

IRAQ

GENDER-BASED VIOLENCE SERVICES: A total of 128 women received different types of services including counseling, referral, psychosocial support, and listening and medical services in UNFPA-supported women's spaces.

During the reporting period, 27 cases of gender-based violence were reported in UNFPA women's centres (of these, 6 pertained to denial of resources, 3 to sexual violence, 12 to physical violence and another 6 to emotional and psychological violence).

GENDER-BASED VIOLENCE AWARENESS SESSIONS: A total of 670 women and girls benefited from awareness raising sessions on gender-based violence prevention and response in Dohuk. Twenty women and girls in Basirma camp participated in sessions on positive ideas and thinking, decision-making processes, and medical care for pregnant women; 73 women and girls in Darashakran camp participated in sessions on economic violence, early marriage, family planning, and psychological issues; 46 women and girls in Kawergosk camp participated in sessions on domestic and physical violence; and 20 women and girls in Qushtapa camp participated in courses on 'Fighting is not the solution,' 'Failure to prevent girls from going to school,' and 'Impact of divorce on children.'

GENDER-BASED VIOLENCE OUTREACH: A total of 1,980 women and girls benefited from awareness raising on gender-based violence,



UNFPA's implementing partner Refugee Education Trust (RET) organized a social activity for Syrian refugees in the Gül Neighbourhood in Mardin, Turkey.

RET provides services such as Turkish language courses and income generation skills in Gül and Istasyon in a bid to enhance protection and strengthen empowerment-related programmes for Syrians living in the host community. In collaboration with Gül CATOM, RET conducted a social activity aimed at bringing Syrian and host communities together, and increasing positive social interaction between women from the two communities. During the event, a number of activities such as games, drama, music, song and dance, and a theatre performance were arranged. Despite experiences of war and displacement, increased tension in the region, and various personal burdens, the event proved to be a joyous occasion that radiated positive energy.

Credit: RET, Mardin Team, Turkey, 2015

reproductive health, and youth issues, and available services by outreach volunteers in Basirma, Darashakran, Kawergosk, and Qushtapa camps.

GENDER-BASED VIOLENCE TRAINING: A total of 526 women in Basirma, Darashakran, Kawergosk, and Qushtapa camps attended training courses on English language, sewing, hairdressing, and knitting.

RECREATIONAL ACTIVITIES IN WOMEN CENTRES: A total of 160 women and girls attended recreational activities including sewing, hairdressing, and preparation of bakery items in the UNFPA-supported women's centres in Domiz and Gawilan camps.

During the reporting period, UNFPA provided 167 women and girls with counseling, listening, psychosocial support and case management services, one clinical management of rape service, and six follow-up services in Dohuk, Basirma, Darashakran, Kawergosk, and Qushtapa camps.

TURKEY

GENDER-BASED VIOLENCE SERVICES: UNFPA, in partnership with IMPR, Sanliurfa, provided gender-based violence related services to 156 women at the Hacettepe/ULubey counseling units. UNFPA also organized seven sessions on hygiene of children and women at Malumat project funded by Mercy Corps; the sessions targeted 346 women and children.

GENDER-BASED VIOLENCE SUPPLIES: UNFPA, in partnership with Malumat, provided 212 hygiene kits for children and 104 hygiene kits for women in Gaziantep. A total of 4,776 hygiene kits and 16,515 buckets with hygiene items reached the United Nations storehouse for further distribution.

GENDER-BASED VIOLENCE MATERIAL DEVELOPED: UNFPA, in partnership with IMPR, developed a brochure on child marriage.

WOMEN AND GIRLS SAFE SPACES: UNFPA continued to support six women's health counseling units in Sanliurfa, Gul neighbourhood, Istasyon neighbourhood in Mardin, Gaziantep, Harran University in Sanliurfa, and Hacettepe/Ulubey, Ankara.

EGYPT

GENDER-BASED VIOLENCE AWARENESS SESSIONS: A total of 19 sessions on nutrition, early marriage, antenatal care, and first aid were conducted for 335 women and girls in Damietta safe space.

WOMEN AND GIRLS SAFE SPACES: UNFPA supported the implementation of a new safe space for women and girls in Cairo governorate. An interactive theatre show was conducted in the safe space with 26 women and girls attending. The session included awareness about domestic violence, education deprivation, and sexual harassment.

UNFPA continued to support two safe spaces in Cairo and Damietta. These spaces provide several services including psychosocial support, training, recreational activities, awareness campaigns, and sport activities. UNFPA supported the establishment of a safe space in Maadi-Cairo in collaboration with Care International.

RECREATIONAL ACTIVITIES: Recreational activities for 341 women and 43 girls were organized during the reporting period.



Social event and outdoor activity for Syrian families, organized by UNFPA in Gaziantep, Turkey. Credit: Meltem Üçler, UNFPA, 2015.

UNFPA-SUPPORTED FACILITIES



Number of women's spaces

SYRIAN ARABIC REPUBLIC

14

LEBANON

5

JORDAN

19

9 in camps and 10 in communities

IRAQ

7

EGYPT

3

TURKEY

7



Number of field reproductive health clinics or mobile teams

SYRIAN ARABIC REPUBLIC

30 static clinic, 35 mobile clinic and 16 medical points

JORDAN

19

10 static and 9 in camps

IRAQ

19

17 primary health centres and 2 mobile team



Number of youth centres

LEBANON

5

JORDAN

8

7 in communities and 1 in camps

IRAQ

1

EGYPT

1

TURKEY

1



Number of health facilities

SYRIAN ARABIC REPUBLIC

200

4 hospitals

JORDAN

Ministry of Health facilities and NGO facilities providing reproductive health services

IRAQ

8

district hospitals and primary health centres

EGYPT

5

TURKEY

3

UNFPA CROSS-BORDER OPERATIONS SEPTEMBER-OCTOBER 2015

(*Due to logistic and security challenges, implementing partners share their data a month late).



A home-born baby girl received in critical condition by one of the hospitals supported by UNFPA in Aleppo governorate. The medical staff provided the baby with necessary medical care until her condition stabilized. In addition, the staff made the family aware of the risks of having a delivery outside hospital.

Credit: UNFPA's partner, 2015

OVERVIEW

The security situation in the northern part of the country remained extremely tense due to extensive aerial and bombardment shelling. The recent security situation has triggered massive population displacement from areas in Idleb and Aleppo. According to the camp coordination and management cluster, some 85,675 people were displaced between October 7-21 from Aleppo, Idleb, and Hama while further displacement is anticipated. In addition, the shelling impacted a number of facilities including hospitals which has forced international partners running these institutions to consider relocation to other sites.

While implementation is ongoing, heightened security measures continued to hamper progress. One of the partners was considering relocating a facility located in an area abandoned by the population as they had fled to other areas for security reasons.

RESPONSE

A total of 7,605 women, girls, men, and boys benefited from reproductive health services. Of these, 172 were pregnant women under 18 years of age. UNFPA managed and supported 860 deliveries while 232 women opted for Caesarean section.

A new UNFPA partner had started working during the reporting period. Its activities will increase the availability and improve the quality of comprehensive gender-based violence and reproductive health services in northern Syria. This will include antenatal care and family planning. Particular focus will be placed on improving clinical services for survivors of gender-based violence including

clinical management of rape through training and community engagement.

UNFPA is supporting two local organizations to manage and strengthen women and girls safe spaces in Latakia, Idleb, and Aleppo. As per UNFPA guidance, the grantees conducted consultations with the community, specifically with women and girls, to identify the spaces and to discuss preferred activities.

UNFPA Turkey is currently in the process of strengthening and establishing five new women and girls safe spaces in Aleppo and Idleb. During the reporting period, all procedures for the selection of three new grantees were concluded. Based on needs assessment conducted by local NGOs with women and girls, the safe spaces will be providing a variety of activities with the key focus being on psychosocial support, vocational training, and life skills from November onwards.

In September 2015, a total of 243 women and girls took part in a variety of activities such as awareness raising on gender-based violence, recreational pursuits, and life skills.

"We thank all those who support this project because it has emphasized the importance of women and their role in society," remarked a participant.

"These sessions increase our awareness about how our mental health affects our health and our children's health," said a beneficiary.

UNFPA distributed 2,000 family dignity kits in response to new displacements in northern Syria.

UNFPA, through United Nations convoys under United Nations Resolution 2165, sent 5,500 dignity kits targeting 27,500 beneficiaries in Dar'a governorate.



A Photoshop training supported by UNFPA in a women and girls safe space in Aleppo governorate.

Credit: UNFPA's partner, 2015

COORDINATION

A protection cluster workshop, including the gender-based violence sub-cluster, was held in October to discuss the humanitarian response plan for 2016, and to review the objectives and indicators of the plan.

The gender-based violence sub-cluster in Turkey met regularly during the reporting period, with a focus on safety audit implementation. Relevant actors were briefed on the role of safety audit practice in more comprehensive programme planning. The discussion was a first step towards a phased approach to this practice as the participants expressed keen interest in its application.

UNFPA organised in cooperation with child protection and protection sectors a southern Syria cross border gender-based violence working group.

CHALLENGES

The security situation in northern Syria continues to present the biggest challenge in programme implementation. Shifting power dynamics have also had a great impact on women and girls. Last month, the effectiveness of services was also challenged by weather conditions and the beginning of school.

Extensive shelling continued to be one of the most serious obstacles challenging the implementation of implementing partners' cross-border services inside Syria, another factor being preparation for winter, which has led to a decline in the number of women and girls accessing services in October. In fact, due to increased violence, two safe spaces have suspended activities, but will continue implementing activities in homes and schools.



UNFPA distributing dignity kits to families in Rural Damascus, Syria.
Credit: UNFPA, 2015.

SUPPORTING ADOLESCENTS AND YOUTH



A training-of-trainers session supported by UNFPA on youth sexual and reproductive health in humanitarian settings in Hatay, Turkey.

Credit: TOG Team, 2015.

SYRIAN ARAB REPUBLIC

Since youth-related reproductive health and gender-based violence services are integrated with the overall UNFPA programme, an estimated 30 percent of the UNFPA programme respondents are young women aged between 18-29 years.

As part of UNFPA's innovative project on increasing social reconciliation through building the capacity of young people in Syria, 80 youth from 4 governorates (Damascus, Homs, Tartous, and Hama) were trained on project planning and management, as well as communication during crisis. Along with its aim to increase youth resilience by enabling them to establish an income-generating project, it also seeks to improve social harmony among young people, who will be selected from different geographic locations in a balanced way.

LEBANON

UNFPA, through INTERSOS, continued to promote male engagement in support of gender-based violence prevention and response mechanisms at the community level. During the reporting period, 40 boys actively participated in gender-based violence prevention activities in Mount Lebanon and Beirut.

The curriculum for the peer-to-peer approach, which is divided into three phases, was finalized. Phase A is structured around eight topics (i.e., adolescence and puberty, child rights, gender equality, gender-based violence, body intimacy and self-confidence, communication and conflict resolution, sexual reproductive health, and parents and work). Phase B includes the development of a project by peers, the topic of which is yet to be identified. Phase C envisages implementation of the phase B project by peers for youth in their communities.



UNFPA and IFH carried out a campaign titled 'Make Your Smile.' Held in Deir Alla, Jordan, the campaign addressed issues of care of the mother before, during, and after pregnancy, and the importance of family planning and reproductive health and its impact on families and communities.

Al-Rai News, 2015

In Chouf, 11 boys (10 Syrian and a Lebanese) attended a session on early marriage, after which they watched a film related to the discussion. The boys thoroughly enjoyed the movie as most of them did not have televisions in their houses.

In Chiah, 10 youth (5 Syrian girls and 5 Syrian boys) attended two sessions delivered at the centre: one of these sessions was on early marriage and the other on gender-based violence. Although the majority of youth were against early marriage, 6 out of 10 termed poverty and traditions as the major factors behind the practice. The presence of girls in the group highlighted the importance and reality of the subject for boys, given that two of the girls had been married before the age of 18.

In Choueifat, two sessions on child rights and gender equality were conducted with 12 boys participating. Only 3 out of 12 knew something about child rights. The 'Right to Play' was the most popular among all as they did not have many opportunities to play outside the centre. Most of the youth shared experiences where they were exposed to family violence.

JORDAN

UNFPA, together with Questscope, continued to work with Syrian refugee youth in Zaatari camp. A reproductive health awareness activity was conducted for 25 youth (females: 7, males: 18), while another 21 youth (females: 7, males: 14) aged between 18-24 years participated in gender-based violence related awareness raising.

UNFPA and Questscope had 50 girls (aged between 15-17 years), and 13 women (aged between 18-24 years) enrolled for the healthy lifestyle programme for youth. Among boys and men, 32 participants were aged between 15-17 years while 31 fell in the 18-24 year age bracket.

Four women and 14 men aged 18-24 years participated in voluntary work during the reporting period. Youth volunteering is an important part of the youth centre and is highly encouraged. As the programme continues to grow, an increase is expected in the number of young people involved in community volunteering. As many as 163 youth accessed services specifically targeting their

age group in the centre. The beneficiaries comprised 66 girls aged between 15-27 years, 17 women aged between 18-24 years, 45 boys aged between 15-17 years, and 35 men aged between 18-24 years.

Y-PEER training continued at the youth centre. During the reporting period, 7 women and 18 men aged between 18-24 years were trained. Additional training on communication and life skills was provided to 7 women and 15 men aged between 18-24 years.

Supported by IFH, UNFPA continued to work with youth in camps and host communities. As many as 308 youth and recreational activities were conducted during the reporting period. In terms of gender-based violence prevention activities, which include youth activities, self-reliance, vocational training, and life skills, IFH reached 1,428 girls and women and 933 boys and men (aged between 15-24 years) in camps, and 205 girls and women and 30 boys and men (aged between 15-24 years) in host communities.

Six sessions were delivered to 12 adolescent girls in the women 's centre (WGC) in Village 3 as part of the 'My Safety, My Wellbeing' activity. As an integration protocol between all IMC sites in the camp, WGC volunteers are providing services to women in the reception area; tailoring and handcraft are the preferred activities for women who spend long hours alone in the reception areas.

IRAQ

During the reporting period, 856 youth benefited from different activities held in the UNFPA-supported youth spaces in refugee camps. These included training courses and recreational activities. Out of the 856 beneficiaries, 362 participated in training courses and recreational activities, 137 in basketball, football, and film showing organized within and outside the youth safe space, 150 participated in activities related to International Girl Child Day, and 207 youth participated in awareness raising activities organized in youth centres in Darashakran and Kawergosk camps.

TURKEY

As many as 312 people were trained on youth sexual and reproductive health in humanitarian settings in Antakya and Hatay in Turkey.



INTERSOS peer-to-peer awareness session on early marriage in Chiah, Lebanon.

Credit: INTERSOS, 2015.

COORDINATION & CAPACITY BUILDING

SYRIAN ARAB REPUBLIC

UNFPA participated in the access working group meeting, 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 representative had a meeting with the head of the Planning and International Cooperation Commission to discuss progress made on the 8th UNFPA country programme for Syria, and the needed preparations for next year's meeting (scheduled in Geneva) to evaluate progress achieved on CEDAW.

UNFPA met several accredited NGOs to explore the possibility of increasing partnerships to be able to access more people through UNFPA humanitarian response assistance.

LEBANON

Supported by UNFPA, the Ministry of Public Health (MoPH) organized a one-day launch workshop to engage reproductive health commodity security (RHCS) stakeholders to assess the country's current situation for RHCS. Eighteen representatives from MoPH, Ministry of Social Affairs (MoSA), NGOs, United Nations agencies, and INGOs discussed strengths and weaknesses as well as opportunities to provide input to the development of the national RHCS strategy and related activities.

Led by UNFPA, the reproductive health sub-working group meeting was held at UNHCR on October 12. The meeting focused on sexual reproductive health needs, gaps and responses as part of the planning process of the Lebanese Crisis Response Plan (LCRP) 2016. Some of the topics discussed during the meeting included continuation of capacity-building initiatives with regard to clinical management of rape in 2016.

As part of the interagency partnership for implementation of activities on gender-based violence Information Management System (IMS):

- o A GBVIMS pool of trainers was established with the aim of creating national capacity that can provide ongoing GBVIMS trainings. This pool of trainers will be providing a series of sessions for GBV case management to organizations that are still not using GBVIMS;
- o GBVIMS data analysis sessions were conducted in Akkar and Tripoli;
- o Second quarter data analysis reports will be presented at various GBV working groups in different field locations to form an action plan and follow up on recommendations;
- o GBVIMS data was compiled for the month of September and the third quarter of 2015;
- o The monthly national GBVIMS steering committee meeting took place on October 26; the meeting was chaired by the national GBVIMS coordinator who represents the three United Nations lead agencies (UNFPA, UNICEF, and UNHCR);
- o The situation analysis of the LCRP strategy report was drafted using the GBVIMS trends and analyzed data; and

o Lebanon was chosen by the GBVIMS global steering committee to pilot the GBVIMS+ and PRIMERO (new data tools) due to the progress that Lebanon has demonstrated in the GBVIMS rollout.

The UN Youth Task Force (YTF) meeting was chaired by UNFPA and co-chaired by UNICEF. Youth programme officers from different UN agencies discussed and deliberated the following:

- o Two-Year Strategic Action Framework on Young People in the Arab States/MENA Region;
- o Outcome of the mapping of UN youth programmes/activities;
- o Outcome of the youth mainstreaming meeting in LCRP sectors;
- o Outcome of the Global Symposium on Youth, Peace and Security with Lebanese participants and discussion about countering violence and the way forward.

UNFPA participated in the Lebanon country consultation, organized by the Ministry of Social Affairs and the United Nations in preparation for the regional Resilience Development Forum (RDF) to be held in Jordan in November.

JORDAN

UNFPA chaired the monthly meeting of the reproductive health sub-working group, with 22 members from international partners and other United Nations agencies in attendance. The meeting featured a discussion on topics such as the distribution of inter-agency reproductive health kits, importance of mapping of reproductive health services in camps and host communities by partners, and the need to formulate a task force to follow up on integration of gender-based violence into health services and greater involvement of men.

UNFPA co-chaired the biweekly reproductive health coordination meetings at Zaatari camp to discuss issues related to implementation of reproductive health services for Syrian refugees by NGOs and United Nations agencies.

UNFPA co-chaired the Youth Task Force in Zaatari. Some key achievements during this period were provision of information to members on scholarship opportunities, and provision of feedback to a member on youth training on plumbing in the camp to equip young people with relevant skills.

Furthermore, the quarterly youth task force fact sheet was created during the reporting period, with impressive participation of many task force members. Lastly, the protection gender focal points briefed task force on the role of the gender focal point network and the use of the gender marker.

IRAQ

UNFPA chaired the gender-based violence national sub-cluster. The main achievement of the sub-cluster was to ensure streamlining of gender-based violence into the humanitarian response plan and the regional refugee and resilience plan (3RP). The meeting also supported the health sub-cluster to ensure integration of health related gender-based violence interventions in the health cluster response plan, and to update gender-based violence referral pathways at the governorate level.

TURKEY

UNFPA participated in the protection working group to discuss the implementation process of the IAWG strategy and action plan on mixed migration, and to get an update from IOM on draft immigration laws. UNFPA also participated in the health working group meeting.

With reference to national gender-based violence programming, UNFPA attended the gender-based violence working group meeting in Ankara, and sexual gender-based violence sub-working group meeting in Gaziantep. During the Gaziantep meeting, KAMER presented the outcomes of their household need assessment survey conducted in the southeastern region of Turkey.

The UNFPA country office attended the International Conference on Refugee Statistics, which was jointly organized in Antalya by the Turkish Statistical Institute (Turk Stat), UNHCR, EuroStat, European Free Trade Association (EFTA), and Statistics Norway.

UNFPA participated in the 'EECA Inter-Agency Working Group (IAWG) on Reproductive Health in Crisis: 4th Forum' in Istanbul to exchange individual country experiences among Eastern Europe and Turkish Republics about humanitarian programmes.

CHALLENGES

SYRIAN ARAB REPUBLIC

The timely delivery of humanitarian assistance, especially in light of Security Council Resolutions 2139 and 2165, continued to pose challenges due to the ongoing security conditions.

Some donors expressed preference to support NGOs rather than government facilities; this has limited the amount of financial resources allocated to public sector facilities, and has consequently impacted the possibility of these partners delivering humanitarian aid to the affected population.

The availability of only a limited number of implementing partners (especially in the besieged and hot spot areas) who are qualified to provide comprehensive gender-based violence prevention and response, continued to affect the delivery of timely humanitarian response.

The monitoring of the humanitarian response continued to pose a challenge due to the limited capacity of implementing partners, as well as limited access to affected areas due to security concerns.

conditions, which cause psychological stress and an increase in domestic violence.

There is a lack of knowledge among Syrian refugees about the importance of antenatal, post-natal and post-abortion care, breastfeeding, children's vaccination, and periodic follow-up visits.

Lack of electricity in some parts of the Zaatari and Azraq camps has been creating major issues, not only in the provision of services but also in relation to the level of frustration among refugees, affecting responsiveness to services.

LEBANON

The inability to identify more centres for training purposes. Despite consultations with UNHCR, it has proven difficult to identify hospitals and primary health centres that are within the areas of intervention.

Difficulty in making training schedules that are convenient for trainers as well as health facilities.

Difficulty in getting acceptance from women to be trained in suggested training academies and on specific training sessions.

The lack of relevant medications at designated clinics when providing gynecological/obstetric services to women; this challenge needs to be addressed to ensure provision of effective and proper reproductive health services.

IRAQ

The ongoing conflict in the country that resulted in internal displacement is affecting the overall delivery of services and negatively impacting funding opportunities for refugees.

Refugees in urban settings represent more than 67 percent compared to those in camps; this entails development of strategies to respond to the needs of these populations.

TURKEY

Some of the key challenges encountered during the period under review revolved around issues such as the current situation of the government, rising incidence of terrorist attacks, insecure environment for programme implementation, language barrier, lack of employment opportunities, non-availability of qualified service providers, tension between refugees and host communities, funding problems, and management of programme activities according to donors' fiscal years.

With winter fast approaching, there is huge need for winterization, shelter, food, as well as enough capacity to provide all kinds of services.

Urban transformation in big cities, especially in the slum areas where there is a high percentage of Syrian population, creates serious concern for this group of people in terms of finding proper shelter; this provokes gender-based violence and trafficking.

JORDAN

Tension between Syrian refugee and citizens remains a challenge.

Families moving to camps are facing difficulties including adaptation to the camp atmosphere and crowded living

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.

WHOLE OF SYRIA (WoS)

UNFPA participated in ISCGG meeting in Beirut as the Whole of Syria GBV focal Point. As the lead of the WoS GBV sector, UNFPA produced a GBV analysis of all the data gathered for humanitarian needs overview for partners to use while preparing their HRP submissions. A GBV framework was also developed to guide partners in their submissions.

DONORS & PARTNERS

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

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

Private sector: MBC

IMPLEMENTING PARTNERS

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

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

IN JORDAN: Ministry of Health (MOH), Institute for Family Health (IFH), International Medical Corps (IMC), 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 Policies (MoFSP), Turkish Red Crescent Society (TRCS), universities including Harran in Sanliurfa and Hacettepe University in Ankara, NGOs including the International Middle East Peace Research Center (IMPR), Syrian Social Gathering.



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RELEVANT RESOURCES

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