



"Working here has changed my life," says Ruba, a young physician who recently joined the UNFPA-supported clinic in Deir Alla, Jordan.

"Working with Syrian women helped me understand the true importance and the humanitarian aspects of medical work. Here at the reproductive health clinic, I started to recognise that my work has a real impact on the well-being of my clients, their children and families. I'm very proud that the women trust me with their problems. It means a lot to me. And I hope that our work can make a difference in their lives."

"The centre has a unique, comprehensive approach to service delivery that meets not only the woman's needs but those of the whole family. Many women come for the first time because they seek advice in a health-related matter, but many open up during consultations and tell us about personal issues that affect their well-being. We introduce them to the women's centre where they can access counselling and psychological support or participate in recreational activities that can also help them adapt to their new circumstances. And at the centre, we also work with traumatised children in support of their rehabilitation."

Credit: UNFPA | David Brunetti, 2014.

HIGHLIGHTS

SYRIAN ARAB REPUBLIC: UNFPA reaches 18,500 women of reproductive age in Damascus, Rural Damascus, Homs, Aleppo, Deir ez-Zor, Al Raqa, Hama, Daraa, Tartus and Latakia with reproductive health and GBV services.

LEBANON: UNFPA provides GBV services to 158 Syrian refugee women and sensitizes 877 women with GBV and reproductive health services. UNFPA conducts three training sessions targeting 67 service providers on family planning counselling.

JORDAN: UNFPA conducts 1,015 reproductive health awareness sessions, targeting 2,796 beneficiaries with messages related to reproductive health and family planning, breast feeding and care for newborns. UNFPA provides 9,906 women and girls with GBV services.

IRAQ: UNFPA responds to the needs of women and girls refugees coming to Erbil from Kobani by providing information on services and psychosocial support and through the distribution of 400 dignity kits in the women's social centres in Qushtapa and Kawaragoesk camps.

TURKEY: UNFPA conducts the Minimum Initial Service Package (MISP) training in Adana for 34 provincial service providers and programme managers and conducts three workshops, including formal lectures on reproductive health and GBV. UNFPA conducts training on clinical management of rape in Saniurfa for 23 Syrian gynecologists, psychologists and midwives.

EGYPT: UNFPA supports training of 30 community health workers and 80 healthcare providers on psychosocial support and GBV risks and available services. UNFPA provides post-exposure preventive kits and launches the national medical protocol/guidelines for management of GBV.

HUMANITARIAN SITUATION

UNFPA commemorated the International Day for the Elimination of the Violence against Women on 25 November and called on all partners to continue exerting efforts to protect Syrian women and girls of reproductive age, to end gender inequality and the impunity that allows violence and human suffering to continue on such a widespread scale and to ensure safety and justice in the region.

The crises in Syria and Iraq have caused a flood of movement that continue to destabilize neighboring countries and pose a threat to regional stability and to countries around the world. More than 13 million people are in need of urgent humanitarian interventions, among this total 25 per cent are women and girls of reproductive age - 7.6 million displaced within Syria and 3.2 million Syrian refugees

abroad. In Iraq, 2 million have been displaced this year by tribal fighting and the advance of the Islamic State.

Absorbing refugees from Syria and Iraq has strained neighboring Jordan and Lebanon to the breaking point. In Lebanon, for example, the country has welcomed 1.8 million refugees into a native population of 4.5 million.

Women and girls have become the most vulnerable group affected by the crisis, facing severe human rights abuses, violations and humiliations. They are subjected to sexual and gender-based violence, coerced into early marriages, overwhelmed by economic strife, and psychologically scarred by loss.

The staggering refugee crisis continues unabated, and their situation is expected to get even worse in coming weeks as winter approaches. UNFPA is working with partners to address the needs of women and girls in humanitarian settings to assure that every woman can access affordable reproductive health care and be protected from gender-based violence.

SYRIAN ARAB REPUBLIC

The tension in the governorates of Damascus, Rural Damascus, Qunaitera, Hasakeh, Homs, Idleb, Rural Aleppo, and Deir ez-Zor continued with expansion of military operations by the Government, Islamic State and other opposition military groups. This increased violence has further impacted women's accessibility to emergency obstetric care and protection mechanisms. Moreover, the control of Fijeh Water Spring, the main water source feeding Damascus, resulted in huge shortages of drinking water in Damascus and a further deterioration of water quality and sanitation conditions. As a consequence of the political developments, women continue to face challenges related to the lack of shelter and income, shortage of food, drinking water and limited reproductive health services, and an increased possibility of exposure to GBV.

UNFPA is concerned that many women of reproductive age are facing difficulties in accessing emergency obstetric care due to the increased incidence of damaged delivery centres and hospitals. The deterioration of water and sanitation conditions could increase the probability of sexually transmitted diseases among persons of reproductive age. The situation has deteriorated with the increased number of non-functioning health facilities, as many hospitals are forced to operate with reduced capacity or to close despite an increased caseload of patients due to the disruption of fuel and electricity, shortages of medicine, and the limited number of reproductive health staff.

It is worth noting that, according to the Ministry of Health, 711 out of 1,921 primary health care centres and 37 out of 92 hospitals have gone out of service since the onset of the crisis in March 2011. In addition, 26 out of 41, or 63 per cent, of basic emergency obstetric care centres of the Ministry of Health are reported as nonfunctional, leaving a large number of people without adequate reproductive health care services.

Reaching besieged communities across the country also remains a key priority, especially in light of United Nations Security Council resolutions 2139 and 2165. Accessing these communities for the delivery of medical supplies including for emergency obstetric care is critical. Hindering or even blocking medical supplies to besieged areas has been problematic and constitutes a breach of human rights under International Humanitarian Law.

Implementing partners in different areas – especially in opposition-controlled and besieged areas – are facing difficulties in deploying qualified reproductive health professionals, including midwives, who will agree to work in mobile teams to reach people in some remote areas. Moreover, the reproductive health professionals in UNFPA-assisted clinics in Damascus and Rural Damascus have noticed an increase of sexually transmitted infections and vaginal haemorrhage, which could be due to a rising number of GBV cases. It has been reported that some women are engaging in sexual encounters in parks and among the hosting communities in return for small amounts of money in order to survive.

Staffan de Mistura, the United Nations envoy to Syria, visited Syria including Damascus, Homs and Aleppo, during the reporting peri-

AT A GLANCE:

In Syria Arab Republic

12.2 MILLION PEOPLE AFFECTED
3 MILLION WOMEN AND GIRLS OF REPRODUCTIVE (CHILD-BEARING) AGE

In Lebanon

1,144,762 REFUGEES
282,254 WOMEN AND GIRLS OF REPRODUCTIVE (CHILD-BEARING) AGE
193,612 YOUTH

In Jordan

619,000 REFUGEES
150,206 WOMEN AND GIRLS OF REPRODUCTIVE (CHILD-BEARING) AGE
127,681 YOUTH

In Iraq

235,373 REFUGEES
50,271 WOMEN AND GIRLS OF REPRODUCTIVE (CHILD-BEARING) AGE
59,612 YOUTH

In Turkey

1,600,000 REFUGEES
337,500 WOMEN AND GIRLS OF REPRODUCTIVE (CHILD-BEARING) AGE

In Egypt

137,504 REFUGEES
35,363 WOMEN AND GIRLS OF REPRODUCTIVE (CHILD-BEARING) AGE
29,499 YOUTH

SOURCE: AFAD, UNHCR, OCHA AND UNFPA, NOVEMBER 2014

od and advocated for a quick “freeze” on hostilities in the northern city of Aleppo. He noted the importance of a stronger and more effective efforts to combat international terrorism in Syria and across the region.

LEBANON

The number of refugee women and girls who have visited and benefited from the services of a network of 70 women centres in various parts of Lebanon during 2014 has reached 130 cases per day; 40 per cent of these are girls under the age of 18 years and come from different social and economic backgrounds, according to a report published by UNHCR this month. The report also addressed the issue of statelessness in Lebanon, underlining that 40 per cent of a sample of 1,000 people are stateless (not necessarily of Syrian origin) due mainly to difficulty in accessing the civil registration process. Only 30 per cent of children born to Syrian parents in Lebanon have documented births.

JORDAN

There are more than 619,000 officially registered Syrian refugees in Jordan, and tensions are rising, particularly in towns and cities close to the border. Zataari camp is hosting around 81,775 refugees, 50.4 per cent female and 49.6 per cent male, while Azraq camp is hosting 11,000 refugees. It is reported that hundreds of Syrian refugees who had been in host communities are returning to Zataari camp due to the increasing cost of housing in many areas and the inability of many refugees to pay.

In Azraq camp, the largest percentage of new arrivals are women, 25 per cent of whom are aged 18-29, while another 25 per cent are 40-49 ages and 13 per cent are elderly. None of the female heads of household served by the reception services were under 18 years old.

IRAQ

Today, the total number of Syrian refugees in Iraq stands at 235,373 individuals, with a total of 8,300 households, 50,271 women and girls of reproductive age, including 4,166 who are estimated to be pregnant.



UNFPA organized a study tour to Zaatari camp to introduce more than 50 delegates to UNFPA's programme, particularly protecting women and girls against violence. The delegation included ambassadors, Arab diplomats, foreign managers from UNFPA offices in the Arab countries, and a delegation of Arab educational institutions such as the American University of Beirut, the American University of Cairo and Birzeit University.

TURKEY

The armed conflict in Syria has continued to be intense near the Syrian border with Turkey. The internal armed conflict has escalated in Iraq and northern Syria causing further serious instability and displacement of populations in the region. Thousands of Ezidis have been entering the southeastern borders of Turkey through legal gateways as well as illegally.

Turkey has been receiving very large numbers of refugees from Syria since the crisis began more than three years ago. Now, at least 190,000 Syrian Ezidi-Kurdish civilians having entered Turkey from Kobani during the months of October and November. While many have found refuge in camps set up by authorities around the nearby Turkish town of Suruc, the vast majority have been taken in by relatives, friends or even total strangers. They live in people's homes, empty storehouses or on construction sites. The Prime Ministry's Disaster and Emergency Management Presidency (AFAD) is constructing a new camp for 30,000 people.

The estimated total number of Syrians in Turkey as 1,645,000 Syrian refugees, according to AFAD, while the total number of Syrian refugees registered by UNHCR in 22 camps located in 10 provinces is 221,447.

EGYPT

The number of new arrivals of Syrian refugees in Egypt has been nominal since July 2013, after the requirement of a visa to enter was put in place. Today, there is a total of 137,504 refugees registered by UNHCR and they are scattered in urban settings in rented accommodations. Syrian refugees have access to public services, including health and education.

A recent qualitative report done by Save the Children in Faisal and Ard El lewa neighborhoods in Cairo found that the most common forms of GBV reported among Syrian refugees were sexual harassment and assault, domestic violence and early marriage. Rape cases reported among Syrians in Egypt were fewer compared to other refugee populations. One of the main findings was the general reluctance to report GBV incidents.

The political atmosphere inhibits the ability to work with local NGOs, given new legislation governing funding of civil organization and NGOs. In addition, the scattering of the refugee population in Egypt over wide areas among a large host population poses a challenge for addressing the needs of refugees by most United Nations agencies including UNFPA.

HUMANITARIAN RESPONSE (1 - 30 NOVEMBER 2014)

SEXUAL AND REPRODUCTIVE HEALTH, INCLUDING FAMILY PLANNING

SYRIAN ARAB REPUBLIC

Reproductive health services: Around 15,500 women received reproductive health services and information: emergency obstetric care for 7,000 women, safe delivery for 1,300 women through reproductive health vouchers, family planning for 3,000 women, and other reproductive health services for 4,200 women.

UNFPA, working with the Ministry of Social Affairs and the Syria Family Planning Association, launched a reproductive health, including family planning and GBV, awareness-raising campaign during the period of 23 November - 4 December, targeting around 50,000 internally displaced persons residing in 12 shelters in Damascus, Sweidah, Tartus and Lattakia.

Reproductive health supplies: UNFPA delivered reproductive health tools and supplies to the rural areas of Aleppo and to the Ministry of Higher Education's maternity hospital in Aleppo, which will enable around 72,000 affected people to receive better quality reproductive health services, including emergency obstetric care and safe delivery services.

Through the Turkey country office, reproductive health kits were procured to serve the needs of 100,000 people. Preparations are ongoing for cross-border provision of reproductive health kits and hygiene kits through INGOs to northern Syria and to south-eastern provinces of Turkey for the Ezidi women fleeing from Syria.

Reproductive health awareness activities: UNFPA assisted the 28 mobile teams of the Syrian Arab Red Crescent and the Syria Family Planning Association to reach around 3,100 women residing in Damascus, Rural Damascus, Homs, Aleppo, Tartus, and Hama with awareness-raising sessions on reproductive health including family planning.

Supporting human resources: UNFPA is continuing to support the 28 mobile clinics, 27 static clinics, 13 medical points and mobile teams of the Syria Family Planning Association and the Syrian Arab Red Crescent through the deployment of 207 obstetricians, gynaecologists, midwives, nurses and social workers in 12 governorates.

LEBANON

Reproductive health services: UNFPA, with the support of the Lebanese Family Planning Association for Development and Family Empowerment (LFPAD), has implemented four awareness sessions on reproductive health and family planning. The sessions organized in Bekaa, Mount Lebanon and North Lebanon reached 209 beneficiaries, including adolescent girls from both Syrian and Lebanese communities.

UNFPA partnered with the Order of Midwives to carry out three training sessions targeting 67 service providers on family planning counselling. The training sessions were conducted in Bekaa and North Lebanon benefiting nurses, midwives, community health workers and physicians.



UNFPA providing training session on family planning counselling in Bekaa, Lebanon. Credit: UNFPA | David Brunetti, 2014.

Reproductive health training: Supported by UNFPA, the LPADE conducted a training course on hygiene in Akkar, North Lebanon, gathering 20 Lebanese and Syrian women who in December will start applying their skills by training other beneficiaries within their respective communities.

JORDAN

Reproductive health services: UNFPA with the support of the International Red Crescent distributed 127 dignity kits to Syrian women during the awareness sessions conducted during the reporting period and supported the Jordan Humanitarian Institution with antibiotic and other relevant medications to provide care, support and treatment for people diagnosed with sexually transmitted infections. UNFPA supported the Institute of Family Health in purchasing "Hemo Cue" equipment to be used in Sweileh, Hashmi, and Emirates Jordanian camp to perform free anaemia screening for pregnant women.

Reproductive health awareness sessions: During the reporting period a total of 1,015 reproductive health awareness sessions and campaigns took place, targeting 2,796 beneficiaries with messages related to reproductive health and family planning, breast feeding and care for newborns, post-delivery psychological problems, early marriage, sexually transmitted infections and HIV/AIDS, domestic violence and other forms of gender based violence, and stress and anger management.

Reproductive health training: UNFPA conducted a two-day training on reproductive health protocols, targeting 27 health providers from the Ministry of Health and NGOs. UNFPA also conducted family planning training targeting 18 midwives on the practical aspects of family planning counseling.

TURKEY

Reproductive health training: UNFPA conducted the Minimum Initial Service Package (MISP) training in Adana for 34 provincial service providers and programme managers of the Ministry of Health, the Ministry of Family and Social Policies, the Prime Ministry's Disaster and Emergency Management Presidency (AFAD), and the public health departments of the medical faculties of the universities in Mersin, Adana and Osmaniye.

GENDER EQUALITY AND WOMEN'S EMPOWERMENT

SYRIAN ARAB REPUBLIC

Gender-based violence services: During the reporting period, UNFPA supported mobile teams providing psychosocial support to around 2,500 women residing in the affected areas of Damascus, Rural Damascus, Idlib, Homs and Tartus.

In Damascus and Rural Damascus, GBV screening services were provided to 500 women, of whom 70 women reported being subjected to GBV and who consequently received medical examinations, psychosocial support, referrals to community services and legal advice by the UNFPA-assisted clinic.

A total of 4,875 women and 2,500 men residing in the rural areas of Aleppo received dignity kits and other hygiene supplies as part of a joint United Nations convoy targeting these areas.

During the reporting period, UNFPA-assisted clinics and mobile teams in Damascus, Rural Damascus, Homs, Latakia, Tartus, Idlib and Deraa, provided 10,200 GBV counseling and services, including 2,500 psychosocial support services for persons affected by violence.

A total of 20 professionals from Damascus, Aleppo, Homs, Sweidah, Latakia and Tartus working for the Syria Family Planning Association participated in a workshop to increase their capacity in monitoring the effectiveness of the humanitarian response, including the provision of psychosocial support and psychological first aid interventions, and worked to identify gaps and define 2015 priorities.

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



From 25 November, the International Day for the Elimination of Violence against Women, to 10 December, Human Rights Day, the 16 Days of Activism against Gender-Based Violence Campaign is a time to galvanize action to end violence against women and girls around the world. The international campaign originated from the first Women's Global Leadership Institute coordinated by the Center for Women's Global Leadership in 1991.

On the occasion of the **International Day for Elimination of Violence against Women and the 16 Days of Activism**, UNFPA in cooperation with the Syria Family Planning Association (SFPA) is conducting a series of awareness raising, training and service delivery activities at the three UNFPA-supported health clinics of Al-Halbouni, Bab Moussalla, and Al-Shagour to mitigate the negative consequences of GBV. The campaign, which includes interactive awareness-raising activities and illustration of the success stories of GBV survivors, is the first of its kind during the four-year crisis.

Gender-based violence supplies: A total of 5,400 hygiene kits were procured and stored by UNFPA's Turkey country office to be sent through the cross-border corridor to northern Syria.

LEBANON

Gender-based violence services: UNFPA provided services to Syrian refugees in KAFA's Listening and Counseling (LCC) centre in Beirut: 31 new cases benefited from social counseling and 67 others were followed up by the LCC social workers. A total of 47 legal consultations took place, benefiting 30 women; court representations took place benefiting 2 women; 120 psychotherapy sessions were conducted with the participation of 40 women and children. In addition, one case was referred to a safe house and one case to a forensic doctor.

Gender-based violence outreach activities: UNFPA with the support of SHEILD, a local NGO, delivered 65 awareness-raising sessions on problem solving, life skills and protection targeting 877 Syrian and Lebanese women aged 14 to 50 years old.

Gender-based violence trainings: UNFPA conducted a peer-to-peer training in Kfarsir, benefiting 20 women and girls as well as a training on communication and personal and social behavior reaching 15 beneficiaries. The trainings were followed by the distribution of dignity kits. During the reporting period, UNFPA, with the support of SHEILD provided psychosocial support to seven women.

Gender-based violence supplies: Supported by UNFPA, the NGO KAFA organized a training of trainers in Beirut on communicating with GBV survivors, benefiting 16 healthcare providers, who are working as family and general practitioners and gynaecologists at the Ministry of Public Health centres.

UNFPA in partnership with the Heartland Alliance International (HAI) organized a 6-day capacity development training in Akkar and North Lebanon benefiting 14 social workers from the social development centres of Halba, Minieh, Bireh, and Sahet el Nijmi and from two local organizations in Akkarouna, Akkar Network for Development (AND) and the Women's Charity League (WCL). The trainings addressed different topics such as GBV, basic mental health, and monitoring and reporting techniques.

Gender-based violence materials: Supported by UNFPA, KAFA as implementing partner, initiated "Zalfa's Questions", a friendly and informative Q&A webpage that provides information to women and girls on laws to protect women and other family members from family violence. The webpage was launched along with an online campaign and a daily TV spot during primetime nightly news to mark the 16 Days of Activism.

During the same reporting period, KAFA concluded the translation of a UNFPA-supported manual on communicating with GBV survivors and printed 30,000 flyers pertaining to the "Zalfa" campaign. The flyers will be distributed during the 16 Days of Activism and throughout the month of December.

JORDAN

Gender-based violence services: During the reporting period, a total of 9,906 women and girls benefited from UNFPA-supported services, including 631 GBV survivors making use of safe, confidential, and specialized multispectral services; 1,002 GBV survivors benefiting from psychosocial support services; 407 women, girls,

men and boys receiving case management services; 13 women, girls, men and boys receiving legal information and counselling and/or representation; and around 2,500 women, girls, men and boys receiving self-reliance, vocational and life skills training.

Gender-based violence training: UNFPA through its partners sensitized 2,069 women, girls, men and boys on GBV issues, available services and referral pathways.

UNFPA in collaboration with the Institute of Family Health (IFH) conducted a three-day training on family planning counseling for 24 health providers and health educators from the Ministry of Health, Jordanian Women's Union, Médecins du Monde, and a number of IFH field staff. This was followed by a five-day training for 29 health providers on case management of rape.

Gender-based violence outreach activities: UNFPA with the support of its implementing partners reached 2,865 women, girls, men and boys through home-to-home visits with psychosocial and medical counselling and information.

Gender-based violence materials: UNFPA and its partners developed a brochure including a map of services and a list of available activities in the camps and in host communities for Syrian refugees.

Women's centres: UNFPA through the International Rescue Committee procured material, equipment, basic recreational and office supplies for the established women's centres in Zaatari camp. UNFPA through the Institute of Family Health expanded and changed the location of the women's centre in Dair Alla to a more accessible location, including a new building with more units, space and privacy.

Gender-based violence advocacy: UNFPA co-chaired the SGBV sub-working group in coordinating the 16 Days of Activism under the theme of "Together Against SGBV and Early Marriage: Protecting, Preventing, and Responding" and building on the on-going inter-agency child protection and sexual and gender-based violence awareness-raising campaign "Amani".

IRAQ

Gender-based violence services: During the reporting period, 3,155 women and girls benefited from UNFPA women centres' services. A total of eight new GBV cases were identified and managed, 90 cases received psychosocial support and more than 1,700 women and girls benefited from some 90 socio-recreational activities such as sewing, hairdressing, make-up and basic language courses (English and Kurdish).



As part of the winterisation response, the UNFPA in partnership with UN women and AI Massela, producing baby kit packages for pregnant women, to be enclosed in dignity kits. Credit: UNFPA | Veronica K Njikko, 2014

Gender-based violence awareness and outreach activities: A total of 18 formal lectures were conducted on reproductive health and GBV concerns, especially early and forced marriage to 306 women and girls, while 716 families were reached with UNFPA messages on reproductive health and GBV, especially on family planning, domestic violence and early marriage. More than 400 dignity kits were distributed to especially vulnerable women and girls of reproductive age.

UNFPA is leading the United Nations task team in supporting the Kurdistan High Council of Women in Erbil and the Directorate for Combating Violence in Dohuk to conduct a high-level inaugural ceremony to open up the campaign on violence against women and girls in conflict, focusing on four thematic areas: displaced women and access to justice; displaced women and access to health; displaced adolescent girls and access to education and displaced women and access to livelihood/economic empowerment. The event includes a series of table discussions with policy makers and representative of the displaced population.

UNFPA in collaboration with the Ministry of Health conducted a clinical management of rape training for 12 medical practitioners in Dohuk governorate, who are responsible for providing support to survivors of sexual abuse.

A total of 25 health workers (2 doctors and 23 paramedics) were trained on detecting cases of GBV and were provided with basic psycho-medical skills

TURKEY

Gender-based violence training: UNFPA conducted training on the clinical management of rape in Sanliurfa for 23 Syrian gynecologists, psychologists and midwives (11 female and 13 male). UNFPA organised three interactive thematic workshop on reproductive health and GBV.

EGYPT

Gender-based violence trainings: UNFPA supported the training of 80 healthcare providers working in primary health care units in 6 October and Damietta on GBV response and services. The Fund also supported the training of 30 community health workers with the Arab Medical Union on psychosocial support and GBV risks and available services and trained 12 health provider centres on case management of rape.

SUPPORTING ADOLESCENTS AND YOUTH

SYRIAN ARAB REPUBLIC

A total of 24 qualified volunteers, from the governorates of Sweidah, Homs, Idleb, Aleppo, Tartus, Lattakia, Hama and Deir ez-Zor completed advanced training of trainers for peer education. These participants, who have previously participated in standard three-day peer education training on reproductive health and gender, will be able to conduct similar peer education trainings in their governorates.

JORDAN

A brainstorming session was held between Y-PEER members and Questscope Youth in Zaatari camp to share input about the design of a new project in the camp and to discuss the activities as well as roles and responsibilities of youth involved in the project.

COORDINATION AND CAPACITY BUILDING

SYRIAN ARAB REPUBLIC

UNFPA continued its participation in the United Nations sector group meetings on health, protection, and logistics, as well as the United Nations Humanitarian Country Team and United Nations Security Cell meetings. UNFPA participated in the regional health cluster meeting held in Istanbul for the finalization of the health section of the Syria Humanitarian Needs Overview.

UNFPA participated in a government-sponsored meeting to look at distribution and use of food and non-food items, such as dignity kits, that included the participation of the governors of Damascus, Rural Damascus, Deraa, Sweida, Qunaitera and Homs.

LEBANON

UNFPA attended the sexual and gender-based violence monthly task force (SGBVTF) meeting as a co-chair. During the meeting, UNFPA presented the results of the assessment report on the referral pathway. The results generated an interesting and much-needed discussion on the best approach for wider dissemination of the information to the community.

JORDAN

UNFPA attended the weekly Youth Task Force (YTF) meetings in Zaatari Camp, where members facilitated four focus group discussions with youth as part of the Zaatari safety audit with the aim of including the youth perspective in the overall safety audit. The YTF is supporting UNHCR and a potential initiative by the International Olympic Committee in mapping sports facilities and activities in Zaatari.

UNFPA participated in three taskforces on protection, health and municipal services for the development of the Jordan response plan to the Syria crisis.

IRAQ

UNFPA is chairing a taskforce for GBV roll-out in Iraq. Initial discussions and consultations have started with stakeholders including government entities. The roll-out plan has been developed including the term of reference of the GBV information management system (GBVIMS) task force.

UNFPA co-chaired the SGBV working group in Erbil, Dohuk and Newly in Suleymania. In Suleymania UNFPA has been a lead agency in compiling service mapping for GBV service providers, which will help to analyze gaps and type of services. While in Erbil, UNFPA has been leading the process of working on behalf of SGBV WG to compile and contribute the GBV component to the overall protection working group strategy.

TURKEY

UNFPA participated in bimonthly humanitarian coordination meetings (including health, protection and logistics sectors) in Gaziantep and Hatay. The Fund also participated in the United Nations Task Force weekly meetings in Ankara and conducted a field visit to Nizip Camp. UNFPA participated in the monthly GBV working group meeting, where participants reviewed and discussed agency collaboration activities on the GBV humanitarian response.

EGYPT

UNFPA participated in the inter-agency early and forced marriage task force (EFMTF) along with UNICEF and UNHCR. The members discussed the potential plans to conduct a legal situational analysis and an assessment of the prevalence and contributing factors in these governorates among Syrian and non-Syrians.

UNFPA participated in the Health Working Group meeting, where members were able to share updates on activities, health needs assessment planning, and service mapping with the Ministry of Health. The working group created a core group for planning health needs assessment.

UNFPA co-chaired the SGBV sub-working group meeting, where members shared statistics concerning cases of early marriage among the Syrian refugee population and provided information regarding planned activities during the 16 Days of Activism.

UNFPA attended the United Nations meeting with the Ministry of Foreign Affairs seeking endorsement by the Egyptian Government for the United Nations refugee and resilience response appeal.

UNFPA participated in the United Nations technical group for impact assessment of the Syrian crisis in Egypt, including choosing priority districts for the assessment depending on the stress index (poverty level and refugee density).

CHALLENGES**SYRIAN ARAB REPUBLIC:**

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

The adoption of strict entry procedures by the Lebanese authorities on Syrian people fleeing to Lebanon has added to the difficulties in meeting the needs of affected populations in Syria.

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

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

LEBANON

Transportation remains a challenge, mostly for activities organized in rural areas, such as Tebnin and Bint Jbeil. Many beneficiaries cannot afford transport to the centres to participate in planned activities.

The main highways to the Bekaa and the North were blocked during the beginning of the month of November due to ongoing demonstrations and sit-ins. This has caused delays in some activities and presented difficulties for UNFPA staff to travel to the field for monitoring activities.

JORDAN

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

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

There are challenges in recruitment of volunteers with needed computer skills for specific activities, particularly in smaller host communities.

The referral system for obstetric emergencies from the camps to hospitals outside the camps remain a challenge; most of the cases having been initially refused by the referral hospitals outside the camp. Still, ongoing meetings with hospital management are taking place to agree on a solution.

IRAQ

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

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

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

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

TURKEY

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

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

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

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

EGYPT

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

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

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

There have been 1,300 arrests of Syrian nationals trying to depart Egypt through irregular migration by sea, including 500 children and 300 women.

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

DONORS & PARTNERS

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