



A Syrian father and a mother pregnant in her fourth month moved to Domiz camp in Iraq with their two daughters; the pregnant mother benefited from the reproductive health services provided in the UNFPA-supported clinic in the camp. Credit: Aral Kalk, UNFPA, 2014.

## HIGHLIGHTS

**SYRIAN ARAB REPUBLIC:** UNFPA provides reproductive health services to 8,300 women and girls of reproductive age including emergency obstetric care service for 2,400 women, safe delivery services for 500 women and hygiene kits to 800 women.

**LEBANON:** UNFPA conducts 52 awareness sessions on reproductive health in different areas in Lebanon. UNFPA distributes kits that are expected to serve a total number of 3,495 women and girls and 4,150 adults (including males). UNFPA conducts 70 sessions on GBV targeting around 1,000 Syrian refugees.

**JORDAN:** UNFPA provides reproductive health services to 10,691 women and girls, supports the safe delivery for 174 babies and raises awareness of 3,414 refugees on reproductive health issues. UNFPA provides services to 196 GBV survivors.

**IRAQ:** UNFPA provides reproductive health services to 1,238 women and girls.

**TURKEY:** UNFPA distributes 6,000 hygiene kits to women in the Gaziantep camp through the Turkish Red Crescent Society (TRCS).

**EGYPT:** UNFPA organizes a training course for 110 health professionals at the primary health care units that serve Syrian refugees in Sharkia and Somoha in Alexandria. UNFPA organizes a football tournament as a means of carrying out interactive health promotion sessions for youth.

## HUMANITARIAN SITUATION

The brutal three-year civil war in the Syrian Arab Republic makes the country an epicenter of violent and forced displacement. Every 60 seconds, a Syrian family flees their home under threats of persecution, conflict and violence. The war has led to an estimated 150,000 deaths, 6.5 million displaced persons, 241,000 besieged people in Syria's contested cities and 3 million refugees outside the country, of which 25 per cent are women and girls of reproductive age. A total of 372,000 pregnant women are among the affected populations in Syria, and there are about 50,000 pregnant Syrian refugees.

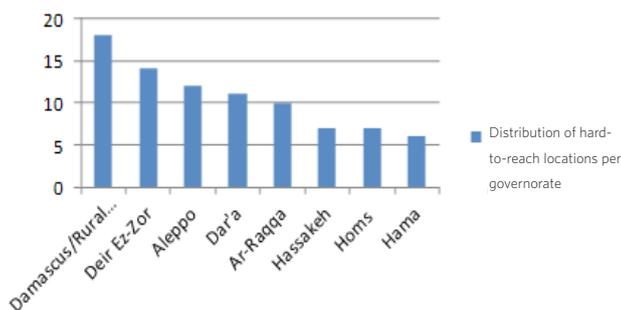
The surge of displaced peoples in the Arab region soared 335 per cent in the past 10 years. The political, economic and social strain on neighboring countries is intense. Despite the striking generosity of hosting communities, Syrian refugees are struggling to cope with current situation, while the chaotic influx of Syrian refugees has stretched the resources in the region and raised fears of violence.

Every woman has the right to have access to affordable reproductive healthcare and be protected from gender-based violence. UNFPA and partners are scaling up efforts to achieve universal access to sexual and reproductive health (including family planning), promoting reproductive rights, reducing maternal mortality and improving the lives of youths and women by advocating for human rights and gender equality and by promoting the understanding of population dynamics. UNFPA and partners face a complex operational environment and a shortage of funds to implement the programmes called for in the Syrian Humanitarian Assistance Plan (SHARP) and the Regional Response Plan 6 (RRP6).

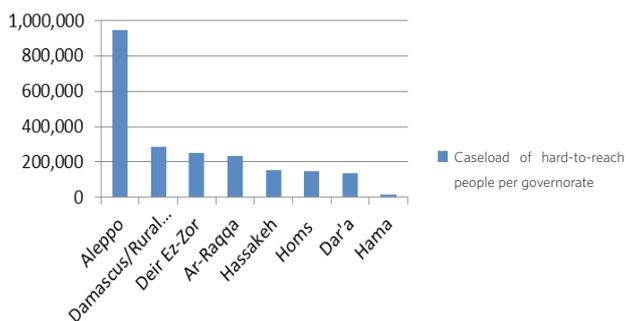
### SYRIAN ARAB REPUBLIC

The political and security conditions in the country remain precarious with a number of significant events taking place during the reporting period: the resignation of the joint United Nations-Arab League peace envoy Lakhdar Brahimi; the preparation for the upcoming Syrian presidential election which is scheduled on 3 June; and the agreement between the Syrian Government and the armed opposition groups to clear the Old City of Homs and make it safe.

The United Nations Humanitarian Country Team identified 91 hard-to-reach areas throughout the country as the primary target for addressing the United Nations Security Council Resolution (UNSCR) 2139 which called for access to all parts of the country. The identified priority areas are highlighted in the charts below. These areas contain 2.25 million affected people, of which 564,000 are women and girls of reproductive age. In addition, there are 241,000 besieged people, of which 60,000 women and girls of reproductive age.



Graph shows the distribution of hard-to-reach locations per governorate in the Syrian Arab Republic, May, 2014.



Graph shows the caseload of hard-to-reach people per governorate in the Syrian Arab Republic, May, 2014.

UNFPA and its implementing partners are concerned that tens of thousands of violence-affected women are unable to get hospital treatment including emergency obstetric care (EmOC) in the hard-to-reach and besieged areas, especially in Yarmouk, Mliha, Eastern Ghouta in Rural Damascus, Homs and Aleppo due to lack of access or unavailability of services. Moreover, public health facilities in these areas are not functioning properly due to staff displacement and shortage of medical supplies and medicines, including contraceptives and reproductive health commodities.

Financial hardship, poor security and cultural norms of early marriage have put young Syrian women at risk of forced and early marriage especially among internally displaced persons living in shelters and within host communities: a reality that underscores how dramatically the violence has affected people and how Syrian communities have unraveled during the three-year-old conflict. This, coupled with the limited number of office personnel and of qualified implementing partners on GBV prevention and response have made an effective and quality GBV response programme difficult to realize.

Identifying needs and monitoring humanitarian response interventions are concerns for UNFPA and its implementing partners. Aid workers trying to gather and verify information on the needs and progress of response face security-related barriers, including active armed conflict, kidnappings and movement restrictions. Social me-

## AT A GLANCE:

### In Syria Arab Republic

**9.3 MILLION** PEOPLE AFFECTED  
**2.3 MILLION** WOMEN AND GIRLS OF REPRODUCTIVE (CHILD-BEARING) AGE  
**372,000** PREGNANT WOMEN  
**280,000** YOUTH

### In Jordan

**596,062** REFUGEES  
**148,337** WOMEN AND GIRLS OF REPRODUCTIVE (CHILD-BEARING) AGE  
**10,550** PREGNANT WOMEN

### In Turkey

**761,674** REFUGEES  
**250,000** WOMEN AND GIRLS OF REPRODUCTIVE (CHILD-BEARING) AGE  
**13,481** PREGNANT WOMEN

### In Lebanon

**1,081,676** REFUGEES  
**270,419** WOMEN AND GIRLS OF REPRODUCTIVE (CHILD-BEARING) AGE  
**19,145** PREGNANT WOMEN

### In Iraq

**225,409** REFUGEES  
**44,378** WOMEN AND GIRLS OF REPRODUCTIVE (CHILD-BEARING) AGE  
**3,989** PREGNANT WOMEN

### In Egypt

**137,545** REFUGEES  
**34,358** WOMEN AND GIRLS OF REPRODUCTIVE (CHILD-BEARING) AGE  
**2,434** PREGNANT WOMEN

SOURCE: AFAD, UNHCR AND UNFPA, MAY 2014

dia provide a flood of information, including on GBV and sexual violence, that is impossible to validate without regular and confidential access to the affected populations using a standardized protocol for case management - all of which are part of the UNFPA corporate responsibilities under the Protection working group.

Despite every effort on the part of the United Nations to coordinate improved access to the most affected areas, the deliberate disruption of United Nations inter-agency convoys by shelling in areas such as Douma (besieged for two years) threatens the integrity of the mission and the safety and security of staff and of goods and are against international humanitarian principles. Protection of civilians and other priority humanitarian needs, including the delivery of life-saving emergency obstetric care and GBV services, remain key humanitarian challenges and shortcomings of the current response.

## LEBANON

On 22 May, the number of registered Syrian refugees in Lebanon reached 1,081,676. Access to Tfail, which is a very remote insecure village in Eastern Baalbek District, was finally possible through the advocacy of UNHCR supported by the Lebanese Armed Forces. The Lebanese Red Cross and Dar el Fatwa were escorted to the area, and they were able to distribute humanitarian assistance to over 800 Syrian and Lebanese families living there.

UNFPA participated in the RRP6 mid-year revision and conducted a full revision of the initial submission based on achieved targets and capacities of implementation as well as funding projections. Under the health sector, UNFPA Lebanon country office funding dropped 86 per cent compared to what was planned and under GBV component the funding dropped 61 per cent.

## JORDAN

In May 2014, a total of 596,062 Syrian refugees have fled their homes in the Syrian Arab Republic to reach Jordan and are now living in urban areas, camps and collective centres. Over 70 per cent of these are women and children, with 20 per cent living in refugee camps and 80 per cent in communities. UNFPA is working with national and international implementing partners to provide needed services for around 148,337 Syrian women and girls of reproductive

age and for vulnerable Jordanians living in areas most affected by the crisis. There is a challenge to follow up cases among Syrian refugees as they are continuously moving from one place to another and from camp to non-camp settings.

## IRAQ

The total number of Syrian refugees in the Kurdistan region in Iraq remains fairly stable, with similar numbers of persons entering and leaving. The total reached 225,409 people during the month of May, with almost 44,000 women and girls of reproductive age and 3,000 pregnant women.

The scarcity of resources threatens humanitarian response for the Syria crisis in Iraq. UNFPA has already reduced the level of intervention at the four youth spaces and seven women centres in and outside the camps, including outreach activities. However, the health services are still functioning with around 25 doctors and midwives providing services for Syrian refugees in the seven camps.

## TURKEY

According to the Prime Ministry's Disaster and Emergency Management Presidency (AFAD), the total number of registered Syrian refugees inside camps reached 220,956, distributed in 22 camp sites in ten provinces: Hatay, Sanliurfa, Gaziantep, Kahramanmaraş, Osmaniye, Mardin, Adana, Adiyaman, Malatya, and Kilis. Moreover, there are an estimated 540,718 Syrian refugees living outside of camps in cities in the south-eastern region and in major cities in Turkey. The estimated number of women and girls of reproductive age is almost 250,000 of which 40,000 women are pregnant.

## EGYPT

There are 137,454 Syrian refugees in Egypt, of which 48.7 per cent are female.

## HUMANITARIAN RESPONSE (1 - 31 MAY 2014)

### SEXUAL AND REPRODUCTIVE HEALTH, INCLUDING FAMILY PLANNING

#### SYRIAN ARAB REPUBLIC:

**Reproductive health services:** UNFPA through its implementing partners in Damascus, Rural Damascus, Homs, Hama, Aleppo, Tartus, Idlib and Sweida provided reproductive health services to 8,300 women and girls of reproductive age including emergency obstetric care services for 2,400 women and safe delivery services for 500 women.

**Reproductive health supplies:** UNFPA provided through the United Nations joint convoys reproductive health kits and supplies for safe delivery of 800 women in Idlib.

**Reproductive health awareness sessions:** Awareness raising on reproductive health and family planning information and services was provided for 95 World Food Programme-recruited transport and logistics workers. This partnership between UN agencies, local NGOs and the private sector (the company DHL) highlighted the importance of collaboration and coordination among different partners.

**Reproductive health training:** UNFPA conducted a training for 15 professionals from Damascus, Rural Damascus, Latakia and Tartus on the minimum initial service package (MISP) for reproductive health in crisis situations, which is a coordinated set of priority activities designed to prevent and manage the consequences of sexual violence; reduce HIV transmission; prevent excess maternal and newborn morbidity and mortality; and plan for comprehensive reproductive health services.

UNFPA organized a training course for 25 project coordinators and accountants among UNFPA implementing partners on monitoring the humanitarian response including on accountability requirements and monitoring tools. The course addressed the importance of timely reporting.

**Supporting human resources:** Despite considerable challenges, UNFPA is continuing to support the 66 static clinics, medical points and mobile teams of the Syrian Family Planning Association and the Syrian Arab Red Crescent through the deployment of 210 obstetricians, gynaecologists, midwives, nurses and social workers.

**Information management:** UNFPA Syria participated in a technical brainstorming meeting with the American University in Beirut (AUB) to discuss the process of conducting operational research to cover the gaps in information related to the UNFPA humanitarian response to the Syria crisis.

## LEBANON

**Reproductive health awareness sessions:** A total of 52 awareness sessions on different sexual and reproductive health topics including sexual transmitted infections, family planning, pre-and post-natal care, nutrition during pregnancy, and early marriage were implemented in the Tyre region (South) and the West Bekaa region, targeting around 1,000 women.

**Reproductive health supplies:** UNFPA distributed reproductive health kits to the Ministry of Public Health and Social Development Centers of the Ministry of Social Affairs as well as to the local and international NGOs supporting primary health care centres and hospitals, such as the Palestinian Red Crescent Society, Humedica, Makhzoumi Foundation, Amel Association, International Medical Corps and Caritas Lebanon. The distributed kits include male condoms, oral and injectable contraceptives, sexually transmitted infection treatment, clinical delivery assistance, IUDs, management of miscarriages and complications of abortion, suture of tears and vaginal examination, referral level equipment for reproductive health, and blood transfusion and other reproductive health commodities.

The above kits are expected to serve a total number of 3,495 women and girls and 4,150 adults (including males).

## JORDAN

**Reproductive health services:** A total of 10,691 women and girls benefited from reproductive health services during the month, including services for family planning, ante-natal care, post-natal care, sexually transmitted infection management, delivery, and other gynaecological services.

UNFPA supported the safe delivery of 174 babies in the UNFPA-supported clinics in Zaatari refugee camp.

**Reproductive health awareness:** As part of the reproductive health awareness campaign, "tent to tent", individual awareness-raising and group sessions took place in Zaatari camp on family planning methods, breastfeeding and danger signs during pregnancy, reaching 3,414 women, girls, men and boys. In addition, UNFPA was able to reach 1,300 refugees through the distribution of "edutainment" health leaflets.

**Reproductive health training:** UNFPA organized a minimum initial service package (MISP) and reproductive health protocol training course for 97 health professionals.

## IRAQ

**Reproductive health services:** The UNFPA-supported reproductive health clinics in the camps provided services to 1,238 women of reproductive age as follows: a total of 451 women received ante-natal care of which 300 cases were new; 472 person received family planning services; and 15 women received post-natal care services.

The number of post-natal care visits is still disproportionate to the overall number of ante-natal care visits.

**Reproductive health training:** UNFPA conducted a training course on commodities forecasting aimed at building the capacity of UNFPA-implementing partners in assessing the needs for different commodities and to facilitate the shift from the use of expensive kits to the use of commodities. The participants developed a procurement plan to support the humanitarian response where the cost of the plan was reduced to less than half based on commodity forecasting rather than kits.

**Supporting human resources:** UNFPA continues to support two midwives in Domiz camp; a obstetrician/ gynaecologist (Ob/Gyn) and two midwives in Gawilan camp; an Ob/Gyn, a general practitioner and two midwives in Kawergosek camp; an Ob/Gyn, a general practitioner and two midwives in Darashukran camp; an Ob/Gyn and two midwives in Qustuba camp; a general practitioner, and two midwives in Basirma camp; and an Ob/Gyn and two midwives in Arbat camp.

## TURKEY

**Reproductive health supplies:** A total of 6,000 hygiene kits were distributed in the Gaziantep camp through the Turkish Red Crescent Society and around 38,000 kits were allocated for other NGOs that work with Syrians.

## EGYPT

**Reproductive health training:** UNFPA in partnership with the Ministry of Health and UNICEF organized a training course for 110 health professionals at the primary health care units that serve Syrian refugees in Sharkia and Somoha in Alexandria. The training included orientation and awareness sessions on the magnitude of the Syrian crisis, patients' rights, refugee rights, GBV as a social, psychological and medical challenge and a group discussion on the challenges facing Syrian refugees who visit primary health care centres.

## GENDER EQUALITY AND WOMEN'S EMPOWERMENT

### SYRIAN ARAB REPUBLIC

**Gender-based violence services:** During the reporting period, UNFPA-assisted Syria Arab Red Crescent and Syrian Family Planning Association (SFPA) mobile teams and clinics delivered psychosocial and psychological first aid services to around 2,250 women, including 120 GBV survivors residing in the affected areas of Damascus, Rural Damascus, Homs, Latakia, Tartus, Idlib and Deraa.

**Gender-based violence training course:** Reducing psychosocial stress among women and health care providers is a priority programme focus for UNFPA and its implementing partners. In coop-

eration with SFPA, UNFPA supported the capacity building of 24 counselors and 20 midwives from Damascus, Rural Damascus, Homs, Sweidah, Daraa, Raqaa, and Deir Ez-zor on GBV services as well as awareness raising on reproductive health and GBV services for 95 WFP-recruited transport and logistics workers.

**Staffing:** UNFPA supported nine comprehensive reproductive health women centres in Damascus and Rural Damascus through the deployment of gynaecologists, midwives, psychosocial counselors and nurses.



Awareness-raising session for WFP-recruited DHL workers on reproductive health and GBV, Damascus, Syrian Arab Republic. Credit: UNFPA, 2014.

**Gender-based violence awareness sessions:** During May, four awareness raising sessions on GBV were held at the KAFA LCC in Al Marj, Bekaa. The sessions targeted 150 women and aimed at raising women's awareness on GBV consequences and the importance of speaking up.

UNFPA and its partner Heartland Alliance continued awareness sessions on GBV and referral pathways for Syrian refugee women. Four sessions were conducted in the Tripoli office of the Lebanese Council to Resist Violence (LECORVAW), where a total of 85 refugee women attended the sessions and 124 community referral brochures were distributed.



A social worker during a basic-life-skills session explaining the GBV referral pathway to Syrian refugees in Akkar, Lebanon. Credit: Doa'a Al Sayed, Akkarouna NGO, 2014.

## LEBANON

**Gender-based violence services:** During the reporting period, UNFPA's implementing partner (KAFA) provided services at the listening and counseling centre (LCC) in Al Marj, Bekaa, as follows: 17 Syrian women participated in social counseling; 15 in psychotherapy; 6 in legal counseling; 13 in drama therapy; 68 children in animation sessions for children; and a total of 21 women were referred internally from the LCC's social worker to be provided with legal and psychotherapy consultations.

UNFPA and its partner SHEILD conducted 48 sessions in areas of Kfarsir, Bint Jbeil, Tebnin, Hasbayya, Nabatieh, Haris, and Sour on problem-solving skills for women. The sessions have reached a total of 87 women (67 Syrian refugee women and 20 Lebanese women).

UNFPA and its partner LOST have conducted nine sessions on life-skills training for Syrian and Lebanese women in the areas of Ein, Baalback, Bednayel, Hermel, Marj and Jebjanin. The sessions reached a total number of 386 women, 278 Syrian refugee women and 108 Lebanese women. Two problem-solving trainings have covered the areas of Ein and Baalback, reaching 17 women (10 Syrian refugees and 7 Lebanese).



Animation session at LCC in El Marj, Bekaa, Lebanon. Credit: Ghada Hawari, KAFA, 2014.



Drama therapy sessions at LCC run by KAFA NGO in Bekaa. Credit: Ghada Hawari, KAFA, 2014.



Syrian refugees participating in a basic life-skills session in Al Ein Bekaa in Lebanon. Credit: LOST, 2014

UNFPA and its partner Akkarouna, have conducted a total of 12 sessions: three on problem solving, reaching 24 women, and eight on basic living skills, reaching 162 women. The sessions have covered the areas of Wadi El Jamous, Houweish, Tekreet, Tal Hayat Camp, Wadi Khaled, Joume, Borje, Kouwashra and Al Ayrouniyeh.

A supervising meeting was conducted to collect the feedback of 14 social workers from SHEILD, LOST, Akkarouna and INTERSOS to discuss the challenges they faced and lessons learned from the problem-solving skills workshops they had run.

UNFPA and SHEILD have equipped Tebnin Social Development Centre as a safe space for women along with supplying items for the Al Merj LCC psychotherapy room.

## JORDAN

**Gender-based violence services:** A total of 196 GBV survivors have sought assistance in UNFPA-supported spaces, mainly for domestic violence, including physical, psychological and emotional violence. Some specific themes for which women and girls have consulted include forced marriage, taking decisions on separation, and inability to continue education. UNFPA implementing partners provide specialized services for GBV survivors, including case management, psychosocial activities, legal representation and empowerment of women to take decisions.

**Gender-based violence awareness sessions:** A total of 1,604 women, girls, men and boys were sensitized on GBV issues, services available and referral pathways, both in camps and communities.

**Gender-based violence outreach activities:** A total of 1,264 women, girls, men and boys participated in self-reliance, vocational training, and life-skills activities.

**Gender-based violence prevention and response trainings:** A total of 39 staff from community-based organizations from Ramtha and Mafrq (north Jordan governorates) were trained on GBV basic concepts, code of conduct and standard operating procedures.

**Gender-based violence monitoring and evaluation:** To improve client satisfaction on GBV services, the International Rescue Committee in partnership with UNFPA conducted the second satisfaction survey with the involvement of 55 beneficiaries at the women's centres in Zaatari camp. The survey indicates that most of the beneficiaries came to know about the women's centres through awareness-raising campaigns, home-to-home visits and word of mouth from friends and neighbors. Fifteen per cent were informed about the women's centres through other service providers. The majority of respondents claimed to be very satisfied (67 per cent) or satisfied (22 per cent) with the services provided, and 82 per cent believe that the information provided is clear. Of the few women who were not satisfied (9 per cent), 44 per cent attributed their discontent to the distance between their home and the closest women's center. Thirty three per cent claimed that they have not been allowed by family members to take part in activities.

## IRAQ

**Gender-based violence services:** A total of 35 women and girls benefited from women social centre services while 20 were referred. Nine cases received psychosocial support, while four GBV cases of domestic violence received counseling and four cases visited the centre for follow up.

**Outreach gender-based violence volunteers/activities:** In May, the main outreach activity taking place in Domiz camp was on early marriage. This activity was initiated by the UNFPA and UNHCR to minimize the number of young marriages taking place in the camp, which recent reports indicate is a common and spreading phenomenon. The campaign targeted all groups of Syrian refugees in the camp, including women, girls, boys and men. More than 200 people benefited from the awareness sessions. The campaign included a visit to schools, where a gynaecologist, legal specialist and a religious leader spoke about the consequences of early marriage and early pregnancy.

**Gender-based violence training course:** a total of seven awareness sessions were provided on early marriage, domestic violence and family planning during social activities organized in Domiz camp and camps around Erbil. More than 80 women and girls benefited from the courses.

**Gender-based violence materials developed:** A total of 1,000 copies of a booklet titled "*Echoes of Silence*" were printed: the booklet highlights issues related to gender and gender-based violence among Syrian refugees in Iraq.

**Gender-based violence women's centres:** UNFPA is embarking on a programme to upgrade the out-of-camp women's spaces in Erbil and to provide linkages to the health facilities within the same geographical location, aiming to provide the women in these areas with comprehensive women's services.

## SUPPORTING ADOLESCENTS AND YOUTH

### JORDAN

UNFPA facilitated a 15-day project supported by the German Government in Zaatari to implement a youth project on communications and arts media, including workshops on media, self-expression and social development.

### IRAQ

The peer educators at the Sardam Youth Space continue to undertake peer education sessions, a total of three sessions took place in May. Approximately 35 youth took part in sessions addressing the issues of family relations, sexual and reproductive health, HIV and AIDS. The facilities of the Sardam Youth Space, including the music materials, theatre stage, volleyball and basketball courts continue to attract youth on a daily basis who gather to practice their hobbies, share their ideas and exchange thoughts in a friendly environment.

### EGYPT

**The 6th of October Football league:** UNFPA in collaboration with the Ministry of Health and FARD Foundation organized a soccer tournament on 28 and 29 May at the Black Ball Club in 6th of October city with the participation of 60 Syrian and Egyptian soccer players who were divided randomly into eight teams. The purpose of this activity was to increase the integration of the Syrian youth refugees in the host community, strengthen the bonds between the Egyptian and Syrian youth and disseminate health messages. All games were accompanied with health promotion interactive ses-

sions organized by the Ministry of Health, where the youth were able to exchange information, raise questions and receive information materials.



Posters include health messages distributed to Syrian and Egyptian youth during the football games in Egypt. Credit: UNFPA, 2014.

plementation for all pregnant women; tetanus immunization for all child-bearing aged and pregnant women; and increased emphasis on immediate and exclusive breastfeeding practices.

**Nutrition survey:** The Center for Disease Control and Prevention, UNFPA, UNHCR, UNICEF, WFP and WHO implemented a joint nutrition survey in Zaatari camp and host communities between 12 April and 1 May. Initial findings underscored high anemia rates among children under five years old and pregnant and lactating women. A final report will be issued in May and will provide specific recommendations for response.

The bi-monthly national SGBV sub-working group coordination meetings were co-chaired by UNFPA. Members discussed revision of the RRP6, inclusion of GBV survivors with disabilities, mapping of safe spaces, presentation and dissemination of "AMANI" interagency GBV campaign tools and materials.

The monthly national reproductive health coordination meetings were chaired by UNFPA; the main outcome was the creation of sub-working groups, facility performance improvement checklists, RRP6 mid-year review, the result of a mentoring visit report and mapping of reproductive health services.

## EGYPT

UNFPA participated in a meeting on the development of primary health care units, including such issues as outreach activities, training contents and materials, and the creation of youth-friendly spaces.

UNFPA had a meeting with Save the Children to discuss GBV trends among migrant communities, following a report that had been generated based on focus group discussions.

## TURKEY

In May 2014, UNFPA participated in the United Nations Task Force weekly meetings in Ankara, field sector coordination meetings in Gaziantep and GBV working group monthly meetings at the Ministry of Family and Social Policies.

UNFPA participated in the health, protection, and host community/livelihoods sectors' group meetings to review the mid-year revision of the RRP6 in Ankara.

UNFPA participated in the monthly GBV working group meeting. One issue raised was the unsatisfactory feedback concerning the GBV emergency calls organized by local institutions.

## COORDINATION AND CAPACITY BUILDING

### SYRIAN ARAB REPUBLIC

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

### LEBANON

The clinical management of rape (CMR) technical committee meeting chaired by UNFPA was held with participants representing UNHCR, WHO, UNICEF, International Rescue Committee, and ABAAD. Members agreed to organise facility-based trainings including refresher trainings for selected health facilities, with UNFPA providing the rape treatment kits. The discussion highlighted that there is no clear understanding of mandatory reporting requirements with regards to GBV cases and that agreements need to be reached on tools, timelines and division of responsibilities, especially for the post-training assessments and follow-up.

UNFPA has readied an agreement with the Ministry of Public Health to upgrade the Ministry's service delivery guidelines (SDGs). In this respect, UNFPA will be supporting the development and inclusion of a national protocol on CMR.

UNFPA co-chaired the National GBV working group meeting. The meeting included an update on the UNFPA assessment of its GBV programme, including on the GBV referral pathways and their dissemination.

### JORDAN

**Maternal and neonatal joint rapid assessment:** UNFPA, UNHCR and UNICEF issued the final report of the joint rapid health assessment undertaken in early 2014 on maternal and neonatal health services in Zaatari camp and Mafraq hospital. The report identifies multiple low-cost, evidence-based interventions to improve services, including systematic provision of iron and folic acid sup-

## CHALLENGES

### SYRIAN ARAB REPUBLIC

The restrictions on accessing people for protection assessment and services are also a severe challenge to the protection work of UNFPA and its partners. The follow-up and implementation of Security Council Resolution 2139 is challenging due to the inadequate information about the needs in the besieged areas, and there is a restriction on sending health supplies, including reproductive health commodities, to the areas that are in opposition-controlled areas.

The limited numbers and capacity of NGO partners to provide adequate clinical reproductive health services and GBV prevention and response continue to be a challenge for United Nations agencies, including UNFPA.

UNFPA's own staff is severely diminished and requires expansion to cover programmatic scale-up, particularly in the United Nations hubs in Aleppo, Tartus and Homs as well as for logistics, support to GBV prevention, response and inter-agency support.

Shortage of funding and hesitancy to continue to fund the Syrian crisis remain major challenges that affect the sustainability of the ongoing interventions.

### JORDAN

There are challenges in deploying qualified gynaecologists and obstetricians for new reproductive health centres in the camps since most of local female obstetricians have their own private clinics and do not accept full-time outside employment; the majority of refugees have expressed a strong preference for female obstetricians and health workers.

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

Increasing salary scales among health care professionals due to high demand and competitiveness between organizations are constricting already scarce resources.

### IRAQ

The scarcity of resources threatens humanitarian response for the Syria crisis in Iraq. The number of outreach volunteers has been reduced and most outreach activities suspended.

### LEBANON

Access to unregistered Syrians detained remains a challenge and a problematic issue.

Expansion of refugees to new areas is requiring further and expanded interventions to target those areas.

The highly fragile situation with intensified hostility in the North, Bekaa and the South is affecting programme delivery and staff movement.

UNFPA has experienced challenges in recruiting a GBV specialist and reproductive health specialist.

The revision of the RRP6 took place in May. In view of the scarcity of resources, UNFPA had to re-prioritize its interventions, thus cutting down its initial financial requirements by more than 70 per cent.

### TURKEY

Significant organizational changes in the structure and leadership of the Ministry of Family and Social Policies and the Ministry of Health has presented challenges for the coordination and implementation of programmes.

Refugees pose an economical and social burden in host communities, which are competing for already limited social services employment, and other economic opportunities.

Host community and humanitarian services are negatively affected by continuous conflict in areas close to border regions with Syria.

Shifting the response from short-term to long-term conflict response programmes requires building the capacities of all partners and proper synergistic integration of reproductive health and GBV programmes with all related sectors.

Shortages of funding challenge the sustainability of the ongoing programme and the efforts to promote synergistic integration of reproductive health and GBV programmes with other sectors.

There is increased official sensitivity in addressing gender-based violence and sexual reproductive health issues, making the implementation of UNFPA intervention a challenge.

## DONORS & PARTNERS

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

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

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

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

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

UNFPA IMPLEMENTING PARTNERS IN TURKEY: The Disaster and Emergency Management Presidency (AFAD) of the Prime Ministry of Turkey, Ministry of Foreign Affairs (MoFA), and Ministry of Health (MoH), Ministry of Family and Social Policies (MoFSP), Turkish Red Crescent Society (TRCS), universities including Harran in Sanliurfa, NGOs including Woman Solidarity Foundation, the Turkish Medical Students' International Committee, and International Medical Corps (IMC).



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RELEVANT RESOURCES

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