



Aisha: baby number 1000 born in a UNFPA-supported clinic in Zaatari camp through funding made available by ECHO. Currently UNFPA-supported facilities provide the only normal delivery services inside Zaatari camp. Aisha's mother, Nehad Zubi, 23 years, said "I arrived in Jordan from Daraa when I was eight months pregnant, seeking safe delivery of my baby".

HUMANITARIAN SITUATION

On World Refugee Day 2014, UNFPA joined communities around the globe in calling for urgent action to face the catastrophic crisis in Syria that has displaced and exiled millions of women, men, girls and boys. In the past three years 160,000 Syrians have been killed in the civil war, 2.7 million have left Syria, including 716,492 women and girls of reproductive age, and 6.5 million have been exiled in their own country including 1.6 million of reproductive age, 372,000 pregnant women and 241,000 women besieged people in Syria's contested cities. Over half the country's population has been forced from their homes seeking peace.

Humanitarian agencies and host countries are struggling to see how they can make a difference for people in need with the current security challenges in the region at the same time that they are faced with a shortage of funds. The pace of change in the region has come bewilderingly fast amidst abductions and executions, bombings and burnings, and the exodus of refugees. The recent sweep of militants from Syria into northern Iraq has sent the Middle East into another crisis, forcing about half a million people to flee their homes in the Iraqi city of Mosul. Today, more than 1.1 million people -- nearly one out of 30 -- in Iraq are displaced and a quarter of the population in Lebanon and 10 per cent of population in Jordan are Syrian refugees.

HIGHLIGHTS

SYRIAN ARAB REPUBLIC: UNFPA provides 50,000 lifesaving reproductive health services, including family planning services, to 14,500 women and safe delivery services to 530 women through reproductive health vouchers. UNFPA provides psychosocial and psychological first aid services to around 3,800 women, GBV counseling to 16,000 residing in the affected areas of Damascus, Rural Damascus, Idlib, Latakia, Deraa, Homs and Tartus, including psychosocial support to 3,000 violence-affected people.

LEBANON: UNFPA conducts 51 awareness sessions on reproductive health targeting 700 women. UNFPA provides GBV services to 155 women, in addition to training 119 health professionals on GBV case management and communication and 109 Lebanese and Syrian women on basic life-skills. UNFPA develops a manual on improving health service responses to violence against women survivors.

JORDAN: UNFPA provides reproductive health services to 13,259 women and girls, celebrates the birth of baby number 1,000 at its clinic in the Zaatari Camp. UNFPA provides services to 655 GBV survivors while 14,371 women, men, boys and girls were sensitized on GBV-related issues.

IRAQ: UNFPA provides reproductive health services to 1,793 women and girls and works with partners to address the challenges the health system is facing in responding to the ongoing crisis.

EGYPT: UNFPA organizes a training course for 135 health professionals at the primary health care units that serve Syrian refugees in Sharkia, Sadat City and El-Mansoura. UNFPA organizes a marathon to stop violence against women with the participation of 600 Syrian and Egyptian youth.

TURKEY: UNFPA organizes a training course on the minimum initial service package for 30 health professionals and distributes 3,000 hygiene kits to Sanliurfa women's centre.

Even in these difficult circumstances, every woman has the right to access 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 humanitarian situation in Syria is worsening day after day and the number of people needing urgent help has increased. The country is gripped by severe levels of violence, including intensified use of barrel bombs and suicide attacks, reported executions and other acts of terrorism against civilian areas especially in Damascus, Rural Damascus, Rural Aleppo, and Deir-ez-Zor.

Efforts to expand humanitarian assistance to those most in need have met with continued delays and obstruction. The unabated continuation of armed conflict with the absence of any concerted effort to prioritize civilians' right for effective protection is negatively affecting the credibility of humanitarian actors.

UNFPA and its implementing partners are concerned about the thousands of violence-affected women who are unable to get hospital treatment including emergency obstetric care (EmOC) in the 91 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. United Nations agencies including UNFPA are unable to provide an assessment of the situation or of activities in the contested areas in Syria, and the recent advance of al-Qaida-inspired ISIS is expected to have an impact on Syria's eastern regions and may lead to strengthened presence of extremist groups in areas of Syria, putting more civilians at risk.

Public health facilities are not functioning adequately due to shortages of human resources and medical supplies, including contraceptives and reproductive health commodities. Financial hardship, poor hygiene conditions, poor security, and an inadequate number of reproductive health and GBV skilled staff and community health workers have put displaced Syrian women and youth at risk of exploitation and ill health. UNFPA and its implementing partners are concerned about the increased engagement of youth and adolescents in the continuous fighting in Syria, which will affect their education and development. The Fund is also concerned about the protection of internally displaced women residing in shelters who do not have identity cards or supportive documents. This may be contributing to reports of increased incidences of undocumented early marriage and other forms of GBV.

LEBANON

In June, the number of registered Syrian refugees reached 1,108,202 persons, of which 277,050 are women and girls of reproductive age. June witnessed the return of suicide bombs to Lebanon: on 20 June Lebanese Armed Forces (LAF) carried out an operation in Beirut areas looking for terrorist cells. On the same day an explosion took place near the Internal Security Forces (ISF) checkpoint in Dahr El Baidar area, Bekaa on the main road between Beirut and Bekaa. Thirty three persons were reportedly injured, seven of them are ISF members and one killed. On 24 June, another explosion took place near the LAF checkpoint at Tayouneh Roundabout-Beirut at the entrance of the southern suburbs of Beirut, where one person was killed and seventeen were injured.

The multi-agency vulnerability assessment of Syrian refugees in Lebanon 2014 took place in early June to better understand the level of vulnerability among Syrian refugees and to re-evaluate the targeting criteria for assistance; the data will be used as a baseline to understand coping strategies of Syrian refugees and for future planning.

UNFPA conducted an assessment on family planning counseling, targeting staff in four service delivery points in Bekaa, South, Mount Lebanon and Beirut. The results of the assessment showed that the service delivery points were running short of supplies and did not have enough trained staff in family planning while the existing staff members are overwhelmed as the volume of services has increased.

JORDAN

In June, the total number of Syrian refugees who have fled their homes in Syria to reach Jordan and are now living in urban and ru-

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

597,328 REFUGEES
148,337 WOMEN AND GIRLS OF REPRODUCTIVE (CHILD-BEARING) AGE
10,692 PREGNANT WOMEN

In Turkey

1,000,000 REFUGEES
250,000 WOMEN AND GIRLS OF REPRODUCTIVE (CHILD-BEARING) AGE
40,000 PREGNANT WOMEN

In Lebanon

1,108,202 REFUGEES
277,050 WOMEN AND GIRLS OF REPRODUCTIVE (CHILD-BEARING) AGE
19,836 PREGNANT WOMEN

In Iraq

225,475 REFUGEES
44,378 WOMEN AND GIRLS OF REPRODUCTIVE (CHILD-BEARING) AGE
4,036 PREGNANT WOMEN

In Egypt

137,545 REFUGEES
34,358 WOMEN AND GIRLS OF REPRODUCTIVE (CHILD-BEARING) AGE
2,462 PREGNANT WOMEN

SOURCE:
AFAD, UNHCR AND UNFPA, JUNE 2014

ral contexts, camps and other collective centres reached 597,328 persons. Over 70 per cent of these are women and children, 25 per cent are women and girls of reproductive age, 20 per cent live in refugee camps and 80 per cent live in communities. There is a challenge to follow up cases among Syrian refugees as they are continuously moving from one place to another place and from the camp to non-camp settings. There is a general observation that the new refugees arriving in Azraq camp were found to have health-related problems as a result of limited access to basic needs.

IRAQ

More than a thousand Iraqi people have been killed in Iraq, others injured and nearly 500,000 people are currently being displaced throughout north and western Iraq in the two weeks since the group known as the Islamic State of Iraq and the Levant (ISIL/ISIS) and its allies began to sweep across the country, particularly in Mosul, the second largest city, and in Diyala and Salah-Al-Din, Tal Afar, Tikrit, Baquba, Heet and Saqlawiyah.

The violence is spreading to the whole of the country, and the situation facing Iraqi as well as Syrian women and girls of reproductive age is extremely alarming. UNFPA is concerned that the vulnerability of women and girls to gender-based violence and exploitation is increasing. UNFPA estimates that 20,000 women and girls among newly displaced persons who could be at increased risk of sexual violence.

This volatile situation in Iraq and the accompanying displacement of thousands of people has put a huge burden on the regional government of Kurdistan as well as on the United Nations agencies as the region is currently dealing with two crises. Health facilities are overstretched; UNFPA expects that the number of unassisted child-births may rise. UNFPA noted that the caseload has doubled in Erbil Maternity Hospital since the beginning of the crisis—there were up to 20 Caesarean cases every day (from 8 to 10 cases prior to the crisis) and over 50 normal deliveries. Because of serious shortages in supplies, beds and staff, women who had delivered were being discharged from the maternity after three hours.

In Kurdistan region, a total of 225 Iraqi and Syrian women will give birth every day, 1,000 pregnant women will encounter life-threatening complications each month and around 250,000 women and girls, including nearly 60,000 pregnant women, are in need of urgent care.

The scarcity of resources coupled with the deteriorating security situation in face of the increased number of people seeking refuge in Kurdistan region threatens the humanitarian response for the Syria crisis in Iraq. UNFPA's focus is being shifted to meet the acute crisis; however, UNFPA continues to support the Syrian refugees in the camps and in the host community.



UNFPA conducting assessment on protection and safety of internally displaced women in Erbil, Iraq. Credit: UNFPA, 2014.



UNFPA providing hygiene kits to displaced persons in Sinjar who have fled from Mosul early this month seeking a safe place in Iraq. Credit: UNICEF, 2014.

EGYPT

There are 138,086 Syrian refugees in Egypt, of which 48.7 per cent are female.

TURKEY

According to the Prime Ministry's Disaster and Emergency Management Presidency (AFAD), the total number of registered Syrian refugees inside camps reached 218,561, distributed in 22 camp sites in ten provinces: Hatay, Sanliurfa, Gaziantep, Kahramanmaraş, Osmaniye, Mardin, Adana, Adiyaman, Malatya, and Kilis. Moreover, there are an estimated 571,117 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.

HUMANITARIAN RESPONSE (1 - 30 JUNE 2014)

SEXUAL AND REPRODUCTIVE HEALTH, INCLUDING FAMILY PLANNING

SYRIAN ARAB REPUBLIC

Reproductive health services: During this reporting period, UNFPA delivered through its implementing partners in Damascus, Rural Damascus, Homs, Aleppo, Tartus, Latakia and Hama 50,000 life-saving reproductive health services including family planning services to 14,500 women and safe delivery services to 530 women through reproductive health vouchers.

Reproductive health awareness sessions: UNFPA implementing partner-supported mobile teams reached out to 3,200 women residing in Damascus, Rural Damascus, Homs, Aleppo, Tartus, and Hama with health messages on reproductive health and family planning.

Reproductive health training: UNFPA conducted a training course for 20 professionals working at the Ministry of Health facilities in Damascus, Rural Damascus, Latakia and Tartus on the minimum initial service package (MISP) for reproductive health in crisis situations.

UNFPA organized a training course on reproductive health and GBV for 30 counselors in the Syrian Family Planning Association clinics in Tartus, Latakia, Raqaa, Deir-ez-Zor, Idleb, Homs, and Hama.

Supporting human resources: UNFPA is continuing to support the 28 mobile clinics, 27 static clinics, 13 medical points and mobile teams of the Syrian 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 supplies: UNFPA distributed five reproductive health kits to the Makassed primary health care centre in Wadi Khaled, Mazloum hospital in Tripoli, International Medical Corps and IOM to serve around 1,000 beneficiaries. The kits include male condoms, sexually transmitted infection treatment, rape treatment and IUDs.

Reproductive health outreach: A total of 51 awareness sessions on reproductive health related topics such as sexually transmitted infections, family planning, pre-and post-natal care, nutrition during pregnancy, and early marriage were implemented in Tyre region and West Bekaa region targeting around 700 women.



Distribution of information leaflets on sexually transmitted infections in Janata, Lebanon. Credit: Cecilia Chami (LFPAGE), 2014.

Reproductive health training: A total of 11 health professionals (eight nurses, a doctor and two pharmacists) were sensitized on medical treatment of rape during the delivery of reproductive health kits to Mazloum hospital and Makassed primary health care centres.

JORDAN

Reproductive health services: A total of 13,259 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.

The clinic provided different health services, including early detection of breast cancer, pre-marital consultations, free nutrition consultations, free blood sugar test and free eye tests.

The UNFPA-supported clinics in Zaatari refugee camp celebrated the birth of baby number 1,000 at one of the clinics in the Zaatari Camp, which opened a year ago. UNFPA-supported facilities in the camp provide the only normal delivery services and are funded by the ECHO.

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 antenatal care, targeting 78 women and 78 men. In addition, UNFPA was able to reach 50 households on a daily basis through the distribution of leaflets to tents and 500 women on a weekly basis through the distribution of "edutainment" health leaflets in the women's centres in the camp.



UNFPA midwife providing awareness session to men and women about ante-natal care and family planning in Zaatari camp. Credit: UNFPA, 2014.

A total of 2,000 women, girls, men and boys in the camps and communities benefited from the awareness sessions that took place at UNFPA-supported centres and a total of 10,000 people were reached through information materials on family planning, early marriage, psychology, personal hygiene, sexually transmitted infections, nutrition, and vaccination for pregnant/lactating women and girls.

UNFPA in collaboration with the Jordan Humanitarian Aid Society organized the first round table discussion for 22 participants representing all reproductive health partners in Zaatari camp to discuss in depth such reproductive health related issues as ante-natal care.

IRAQ

Reproductive health services: The UNFPA-supported reproductive health clinics in the camps provided services to 1,793 women of reproductive age as follows: a total of 871 women received antenatal care of which 376 cases were new; 521 person received family planning services; and 25 women received postnatal care services.

Reproductive health training: UNFPA conducted a training course on the minimum initial service package (MISP) for 20 health care managers and providers from the camps and from the Ministry of Health (central level). The training addressed the main pillars of MISP and aimed at identifying gaps in health delivery and setting up an action plan for future interventions including expansion of the referral network.

The participants identified practical solutions to overcome the challenges the health system is facing as a result of the ongoing crisis. They recommended to invest in Rozgari maternity hospital, support the service delivery points in the camps and organize community education campaigns.

EGYPT

Reproductive health training: UNFPA in partnership with the Ministry of Health organized a training courses for 75 nurses and 60 doctors working at the primary health care units that serve Syrian refugees in Sadat City "Monofia", 10th of Ramadan City "Sharkia", El-Mansoura City and other surrounding cities in Dakahlia Governorate. The training included orientation and awareness sessions on the magnitude of the Syrian crisis problem, patients' rights, refugees' rights, GBV as a social, psychological and medical challenge and a group discussion conducted on the challenges facing Syrian refugees who visit primary health care centres in the identified governorates.



Health workers participating in a training course on reproductive health and GBV related issues in Dar El Defaa Hall, Nasr City, Cairo. Credit: UNFPA, 2014.

UNFPA with its implementing partner FARD Foundation conducted a training course for 25 Syrians and Egyptian youth community leaders in 6th of October city. The objective of the training is to raise the awareness of young people on sexual and reproductive health issues and to equip them with the necessary communication tools to be able to reach out to their peers, such as through interactive games and theater techniques.

TURKEY

Reproductive health training: UNFPA conducted a minimum initial service package training of trainers in Hatay for 30 health professionals representing the Ministry of Public Health Agency of Turkey, Ministry of Family and Social Policies, Provincial Directorate of (AFAD) the Disaster and Emergency Management Agency of Government of Turkey, and Humanitarian Branch of the International Middle-East Peace Research Center.

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 medical examinations, psychosocial and psychological first aid services to around 3,800 women and GBV counseling to 16,000 residing in the affected areas of Damascus, Rural Damascus, Idlib, Latakia, Deraa, Homs and Tartus, including psychosocial support to 3,000 violence-affected people. In Damascus and Rural Damascus, GBV screening services were provided to 680 women, including 100 GBV survivors who were referred for medical examinations and legal counseling at the UNFPA-supported SFPA clinic.



Counselors attending a training course conducted by SFPA/UNFPA in Tartous, Syrian Arab Republic. Credit: UNFPA, 2014.

Gender-based violence outreach activity: UNFPA increased the awareness of 70 community leaders and social workers in Latakia and Tartus on reproductive health and GBV and sensitized them on women's protection rights during crisis.

In cooperation with WFP and local NGOs, UNFPA organized an awareness-raising session on GBV, targeting 60 World Food Programme-recruited transport and logistics workers to support logistics and improve the quality of services provided.

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

LEBANON

Gender-based violence services: During the reporting period, the listening and counseling centre of UNFPA's implementing partner "KAFA" in Al Marj, Bekaa, conducted two art therapy courses for 30 women; one drama therapy for nine Syrian refugee women and provided psychotherapy services to 15 women. A total of 51 women received social counseling; 47 women were referred to Al Qatariya foundation to be provided with legal and psychotherapy consultations; and 12 women received legal consultations.

Gender-based violence outreach: One awareness-raising session on GBV took place at Al Marj LCC, targeting 30 women, and 17 animation sessions were conducted, targeting 58 children.



Syrian children participating in the animation session at LCC in Al-Marj, Lebanon. Credit: Ghada Hawari (KAFA), 2014.

Gender-based violence training: UNFPA in partnership with its implementing partner "KAFA" supported the implementation of eight training workshops on GBV case management and communication targeting 119 gynaecologists, family medicine doctors, midwives and health care providers in selected primary health care centres in Mount Lebanon, Bekaa (Zahle), Baalback-Hermel, North (Akkar and Zgharta), South (Tyre and Nabatiyeh). The objective of the workshop was to enhance the capacity of health care professionals in case management and communicating with domestic violence survivors.

UNFPA supported the rollout of a "training of trainers" programme on basic life-skills in the framework of UNFPA's women empowerment project. A total of 109 Lebanese and Syrian women were trained and will implement the programme in six NGOs and Social Development Centres of the Ministry of Social Affairs at their centres in Halba, Minyeh, Baalback, Kfarsir, and Bint Jbeil. In the upcoming two months, the trained women will share their knowledge in their neighborhoods and communities with the direct coaching and technical support of UNFPA and its partners.



Syrian woman participating in the life-skills training session in Bint Jbeil in Lebanon. Credit: UNFPA, 2014.

Gender-based violence materials: A manual entitled “Improving health services responses to violence against women survivors” was developed by UNFPA and distributed to doctors, international NGOs and United Nation agencies. In addition, during the reporting period, UNFPA supplied the listening and counseling centre in Al-Marj with equipment needed for art therapy sessions.

JORDAN

Gender-based violence services: Since the beginning of 2014, a total of 1,821 GBV survivors have sought assistance in UNFPA-supported spaces and benefited from such services as case management, psychosocial and legal representation and referral to other specialized centres.

UNFPA in partnership with the International Rescue Committee conducted two introductory workshops for 21 women aiming to increase the knowledge and awareness of GBV and to promote GBV prevention initiatives. An international consultant spent two weeks working with three out of the seven women’s groups to help them establish their own small projects such as making accessories, playing sports, working with wool and making handicrafts.

During the month, UNFPA and its partners provided safe reception services to 575 unaccompanied women and their 1,090 dependents in the reception area in Azraq camp which is reserved for women-headed households or women that arrive alone with their children. The team in the reception area supports allocation of shelter and distribution of non-food items as well as screening for health and protection concerns.

Gender-based violence awareness sessions: A total of 14,371 women, girls, men and boys were sensitized on GBV issues, services available and referral pathways, both in camps and communities through the distribution of information and communication materials and awareness sessions.

IRAQ

The women’s spaces in the camps continued to provide services to Syrian women. In Domiz camp, the centre provided services to 13 new cases and followed up 11 cases, provided listening and counseling to 8 cases and psychosocial support to one case. In addition, 59 women participated in vocational courses organized by the centre: 16 sewing, 20 hairdressing, 23 makeup.



Syrian woman participating in the one of the recreational activities supported by UNFPA in Erbil, Iraq. Credit: UNFPA, 2014.

TURKEY

UNFPA conducted two training of trainers (ToT) courses on providing psychosocial first aid to GBV survivors for service providers working in MoFSP, AFAD, UNHCR, NGOs, INGOs in Gaziantep. UNFPA distributed “protection of the family” brochure in Nizip Camp and collected feedback from Syrian women in the camp.

SUPPORTING ADOLESCENTS AND YOUTH

JORDAN

In partnership with QuestScope, UNFPA celebrated the graduation of 40 young woman and men aged between 14-18 years, who had participated in the project “Enhancing Healthy Life-Styles Between Youth at Al Zaatari Camp”. The participants attended 32 sessions on healthy life-styles, early marriage, life-skills and sports. The project was built using a peer education approach. At the beginning, 20 young men and women aged between 19-26 participated in a healthy life-style camp in Aqaba and received an intensive training-of-trainers course on general health, reproductive health and GBV-related issues. These 20 peer educators conducted the awareness sessions for the youth in Zaatari camp.



Quest scope in partnership with UNFPA celebrating the graduation of 40 young men and women at Zaatari camp. Credit: UNFPA, 2014

IRAQ

UNFPA organized peer education sessions in Domiz camp on HIV and AIDS, reproductive health, early marriages, and family relations. Six youth from the Sardam Center in the Domiz refugee camp took part in the theatre-based peer education training in Duhok. Those who took part in this training were either peer educators or part of the theatre group in Domiz camp. After the training, they will train other youth within the camp using the tools they learned.

EGYPT

UNFPA in partnership with the Ministry of Health and FARD Foundation organized a marathon to stop violence against women with the participation of 600 Syrian and Egyptian youth of different ages in the fifth settlement in New Cairo.



Syrian and Egyptian youth participating in marathon to stop violence against women in New Cairo, Egypt Credit: UNFPA, 2014.

UNFPA in partnership with the Ministry of Health and FARD Foundation organized a biking to stop violence against women with the participation of 200 Syrian and Egyptian youth in Zamalek and a sporting day for girls with the participation of 60 Syrian and Egyptian girls in 6th of October city. During the sporting event, health messages on reproductive health issues were delivered and an open discussion followed.



Syrian and Egyptian youth participating in sporting day to stop violence against women in 6th of October city, Egypt Credit: UNFPA, 2014.

COORDINATION AND CAPACITY BUILDING

SYRIAN ARAB REPUBLIC

UNFPA participated in the Global Summit to End Sexual Violence in Conflict that took place in London on 10 - 13 June 2014. UNFPA met with representatives from ECHO and DFID (UK Aid) to discuss the progress of joint projects, to discuss the challenges, gaps and opportunities to deliver humanitarian assistance in the identified areas.

UNFPA had a meeting with the American University of Beirut to follow up on the research on the dynamics affecting the accessibility of GBV survivors (refugees and IDPs) to health services in Syria and the neighboring country.

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

UNFPA chaired the clinical management of rape (CMR) technical committee meeting with participation of UNHCR, WHO, UNICEF, IRC, and ABAAD. The members agreed to conduct post-assessments for the trainings and to consult with field working groups for the identification and selection of additional centres.

The committee will develop a document on procedures related to CMR and highlight activities (selection, pre-assessments, trainings, provision of treatment, post-assessments etc.), division of responsibilities among involved actors, and the means of coordination between national and field level.

UNFPA chaired the reproductive health sub-working group meeting with the participation of the Ministry of Public Health, Save

the Children and the Interagency Task Force. During the meeting the members agreed to update the pregnancy card and the growth monitoring cards and were briefed by Save the Children about the findings of the rapid assessment and its new voucher system. UNFPA briefed on family planning counseling assessments; the procurement and distribution process of reproductive health commodities, and the findings of the youth situation assessment for Syrian refugees and host communities.

JORDAN

UNFPA chaired two SGBV sub-working group meetings, of which one took place jointly with the child protection sub-working group to strengthen coordination and capacity development on disability mainstreaming in SGBV prevention and response activities in Jordan. This action came in response to the needs of 26 per cent of Syrian refugees who live with disabilities in Jordan and who are vulnerable to a range of protection concerns, including violence, abuse and exploitation, and who require equitable access to prevention and response programs. The SGBV sub-working group mapped 40 safe spaces in Jordan and is seeking to expand the understanding about risk and vulnerability of persons with disabilities to SGBV, share strategies to promote access and inclusion in SGBV response and prevention activities, and identify actions to advance disability inclusion in SGBV programming at organizational and working group levels.

UNFPA chaired the SGBV sub-working group meeting that focused on the roll-out of the half-day orientation session on GBV standard operating procedures at the district level.

UNFPA chaired the monthly national reproductive health coordination meeting in Amman to discuss the performance checklist, RRP6 mid-year review, reproductive health action plan (July-December 2014) and reproductive health situation. UNFPA co-chaired the bi-weekly reproductive health coordination meeting in Zaatari to discuss the awareness campaign, including new information, education and communication materials, data collection tools, the quality of reproductive health data and services provided, referral system and challenges.

UNFPA co-chaired the weekly youth task force meetings in Zaatari Camp to discuss the inter-sectoral coordination survey, outreach plan and upcoming projects.

EGYPT

UNFPA participated in the health sector group meeting to review the mapping exercise of health services, especially in the case of medical emergency and referral systems.

TURKEY

UNFPA chaired the monthly GBV working group meeting where members reviewed and discussed the activities of different agencies on GBV humanitarian response and followed up the unsatisfactory feedback as regards the GBV emergency calls organized by local institutions.

CHALLENGES

SYRIAN ARAB REPUBLIC

The restrictions on accessing people for timely protection assessment and provision of services are 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 volatile security conditions, especially in the main roads among the main cities, along with poor and inappropriate communication between the central and governorate levels is delaying the delivery of humanitarian assistance.

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 the programmatic scale-up, particularly in the United Nations hubs in Aleppo, Tartous 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 on-going interventions.

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.

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

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

There is a challenge in getting partners to estimate the needed quantity of drugs over a long period of time due to variation in needs, depending on the partners's scope of work and workload. Receiving the requested drugs on time is another challenge as some medications require longer lead times.

The inability to reach cases by phone creates a challenge to arrange visits and implement protection programme.

IRAQ

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

The healthcare system is already stretched and overloaded.

Service delivery points in the camps are working under extreme pressure and with very poor environmental conditions affecting dignity, privacy and service experience for both clients and providers.

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 region with Syria.

DONORS & PARTNERS

UNFPA is grateful for the support of the following donors in the Syria crisis:

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

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

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

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