



Syrian woman holding the personal reproductive health booklet, after receiving a training course in UNFPA's women's centre in Domiz camp, Iraq. Credit: UNFPA, 2014

HIGHLIGHTS

SYRIAN ARAB REPUBLIC: UNFPA provides reproductive health and GBV services to 11,800 women in the most affected areas and supports the Syria Family Planning Association's health clinic in Hab Nemra in Homs with staff, equipment, and medicine to enable 10,000 people to benefit from services. UNFPA reveals the findings of needs assessment in Aleppo, Homs and Tartous.

LEBANON: UNFPA conducts regional training on family planning and counseling for 150 service providers. The listening and counseling centre in Bekaa is fully operational providing a variety of GBV and other services.

JORDAN: A total of 9,072 women and girls receive reproductive health services; 3,995 Syrian refugees benefit from UNFPA-supported GBV services; 19,109 Syrian refugees benefit from community outreach activities in Zataari camp and host communities. UNFPA kicks off a three-month reproductive health awareness campaign in Zaatari camp on reproductive health and GBV-related issue and to promote available services.

IRAQ: UNFPA launches the first personal reproductive health booklet for Syrian refugees. UNFPA provides reproductive health services to 1,850 persons, including supporting the safe deliveries of 61 cases.

TURKEY: UNFPA develops 600,000 brochures on GBV and protection of the family in Turkey.

EGYPT: UNFPA organizes a training course for 65 doctors and nurses working in primary health care units in Sharkia.

HUMANITARIAN SITUATION

The Syrian crisis is the world's largest refugee crisis, having recorded the highest number of refugees for the past two decades. The conflict, which has been going on for three years now, has directly affected almost ten million people inside Syria, of which 6.5 million are displaced internally; 2.5 million are women and girls of reproductive age and an estimated 372,000 are pregnant. Meanwhile, there are more than 2.5 million refugees in neighboring countries where host communities that were already vulnerable before the crisis are being overwhelmed by serious economic and social challenges.

The Syrian crisis is affecting the civilian populations in the region, particularly women and children, who are not only vulnerable inside their country but also as refugees. More refugees are crossing Syria's borders every day with their trauma and psychological wounds; they are exposed to gender-based violence (GBV), including sexual violence, and are struggling to survive in often difficult conditions.

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 Response Plan (SHARP) and the Regional Response Plan 6 (RRP6).

SYRIAN ARAB REPUBLIC

The increased violence in Aleppo, Deir Ez-Zor, Hama, Homs, Rural Latakia, and Rural Damascus has further deteriorated women's accessibility to emergency obstetric care and safe environments. Women are facing different challenges related to lack of shelter and income, shortage of food, limited access to reproductive health services, and increasing possibility of exposure to gender-based violence (GBV).

During the reporting period and despite challenging conditions, UNFPA has successfully completed field missions to Aleppo, Homs and Tartous in support of a needs assessment and to follow up on the monitoring of the humanitarian response. The assessment showed that 18 families in Andalous Shelter in Homs are in need of medical care, including reproductive health services. Women evacuees from old Homs during the operation in February 2014

from the Old City of Homs during the operation in February 2014 revealed that deliveries were taking place at home with unskilled or no birth attendant and in some cases deliveries in the Old City's hospital took place with only local anesthesia.

The Aleppo University hospital has reported a reduction in the number of normal deliveries from 5,251 in 2011 to only 937 in 2013 with an increase in Caesarean-section deliveries from 42.5 per cent in 2011 to 55.7 per cent in 2013, due to the growing number of complicated cases admitted to the hospital. The findings also revealed that there is an increasing number of sexually transmitted infection cases and a shortage of family planning and maternal health medicines and supplies.

Over one million internally displaced persons are in Tartous and its surrounding areas; the conditions of shelter are very poor and the health system is overburdened, adversely affecting the health of displaced populations, particularly women, who were forced in many cases to deliver at home with an absence of skilled birth attendance, in unhygienic conditions with minimum safety measures. Therefore, to ensure safe and clean home delivery, UNFPA prioritized the distribution of reproductive health clean delivery kits, dignity kits and vouchers (for free-of-charge care in hospitals) to displaced women, especially pregnant women.



Syrian women in a UNFPA-supported reproductive health clinic in Damascus, Syrian Arab Republic. Credit: UNFPA, 2014.

Access to services, particularly in remote areas of the governorates where internal displaced persons are settled, requires mobile teams and cross-line missions. The number of providers in these areas is difficult to assess given the limited access of the United Nations humanitarian aid and the reluctance of some providers to be part of the mobile team missions. This makes the provision of reproductive health vouchers and clean delivery kits indispensable for internally displaced women, who may have access to no other services.

The finding also revealed that health care providers in Aleppo have observed during clinical examination an increased number of gender-based, including sexual violence, cases. On an average of 1-2 cases per month were reported by different clinics in Aleppo though formal protocols for case management are not in place. Physical conditions such as overcrowding and lack of regular electric supply, in addition to the scarcity of female staff in the shelters, have contributed to the observed increase in GBV incidence. The increases in reported sexually transmitted infection cases have been associated with an increase in the exchange of sex for money among internally displaced women. In addition, early pregnancy and domestic violence are not uncommon phenomena among the IDPs, as reported by UNFPA partners in the field. Validation has not been possible due to limited access and lack of agreed protocols.

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 (177,000 PREGNANCIES AMONG MOST AFFECTED)
280,000 YOUTH

In Lebanon

980,731 REFUGEES
223,920 WOMEN AND GIRLS OF REPRODUCTIVE (CHILD-BEARING) AGE
15,898 PREGNANT WOMEN

In Jordan

581,535 REFUGEES
144,240 WOMEN AND GIRLS OF REPRODUCTIVE (CHILD-BEARING) AGE
10,241 PREGNANT WOMEN
80,575 YOUTH

In Turkey

700,000 REFUGEES
216,000 WOMEN AND GIRLS OF REPRODUCTIVE (CHILD-BEARING) AGE
24,000 PREGNANT WOMEN
33,600 YOUTH IN CAMPS

In Iraq

221,791 REFUGEES
43,053 WOMEN AND GIRLS OF REPRODUCTIVE (CHILD-BEARING) AGE
3,056 PREGNANT WOMEN

In Egypt

135,684 REFUGEES
34,102 WOMEN AND GIRLS OF REPRODUCTIVE (CHILD-BEARING) AGE
2,421 PREGNANT WOMEN

SOURCE:
 AFAD, UNHCR AND UNFPA, MARCH 2014



Women waiting to receive reproductive health counseling in one of the primary health care centres in Damascus, Syrian Arab Republic. Credit, UNFPA 2014.

The poor hygiene conditions of the overcrowded shelters in Tartous negatively affects the health and social conditions of the families, including women and girls.

Women are facing difficulties in accessing emergency obstetric care, as 50 per cent of the normal delivery centres are not functional in the affected governorates; many hospitals have been forced to operate on reduced capacity or are closed, despite an increased caseload of patients, due to disruption of fuel and electricity; and there is a shortage of medicines and a limited number of reproductive health staff. Reaching besieged communities across the country remains a key priority, especially in light of the United Nations Security Council resolution 2139, which calls for opening up humanitarian space to reach those most in need.

LEBANON

As of 22 March 2014, the total number of Syrian refugees recorded by UNHCR is 980,731, out of which 47,506 refugees are awaiting registration, with an average of 12,100 new persons registering per week. Local authorities reported the arrival of 400 families between 15 - 21 March from Yabroud city in Syria as a result of internal conflict.

The security situation continues to be tense and unstable in most of the areas, including Beirut, Akkar, Arsal, Halba, Zahleh and es-most in Bekaa, where only critical missions have been cleared. The heightened security situation in the hillside above the town of Arsal between 19-21 March temporarily prevented humanitarian agencies from accessing the town and responding to the needs of the newly arrived refugees. The situation was also problematic in Tripoli as most missions to the area have either been cancelled or re-planned. In view of the ongoing clashes between Bab el Tebbaneh and Jabal Mohsen.

In Arsal, where around 400 Syrian refugee families recently arrived, shelter agencies in coordination with local authorities identified new sites for the establishment of formal settlements. This enabled the expansion of the shelter capacity in the area by some 160 additional tents. Refugees living in informal tented settlements in Arsal received plastic sheeting and information sessions on hygiene and preventive measures on flooding. Newly arrived families received bread, food kits, plastic sheeting and other relief items through local humanitarian NGOs and from the available contingency stock.

A new finding of a nutrition assessment conducted by UNICEF highlighted the trends and risks of malnutrition among the refugee community due to the lack of breastfeeding education and knowledge about nutrition and reproductive health-related issues.

JORDAN

Around 600,000 Syrian refugees have fled their homes in Syria 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 25 per cent living in refugee camps and 75 per cent in communities. UNFPA is working with national and international implementing partners to provide needed services for around 144,240 women and girls of reproductive age.

Following a rise in the number of neonatal deaths in Zaatari camp during December 2013, UNFPA, UNHCR and UNICEF conducted a maternal and neonatal facility assessment at UNFPA-supported clinics and the Moroccan field hospital in Zaatari camp, as well as at the Mafraq Gynecological and Pediatric Hospital. The assessment findings revealed that at in each of the three delivery facilities, there are skilled staff present 24 hours, 7 days a week. The facilities are able to provide neonatal resuscitation, parenteral administration of antibiotics, oxytocin and anti-hypertensive drugs but essential evidence-based interventions are not provided systematically. None of the three facilities practice Kangaroo Mother Care; one facility did not use partographs to monitor the progress of labour, although the facility did use cardiopography. Corticosteroids in management of preterm labour are not always used when indicated; none of the facilities had policies or practices to promote early initiation of breastfeeding.

In October 2013, a neonatal death audit process was established in Zaatari camp by UNHCR and the Ministry of Health with the help of the United States Center of Disease Control and Prevention. So far, 15 neonatal death audits have been conducted and analysed. The result of the assessment showed that 13 per cent of deaths happened in the camp and 87 per cent happened in hospitals outside the camp. The average age of death was 3 days and 14 hours. It was found that the underlying causes of neonatal deaths were 60 per cent due to prematurity and its related complications of respiratory distress syndrome while 20 per cent were associated with congenital abnormalities and 20 per cent were due to septicemia.

The Ministry of Health infection control departments conducted an inspection of medical facilities for Klebsiella; results showed high quality practices of infection control inside UNFPA-supported facility and negative results for Klebsiella.

IRAQ

The total number of Syrian refugees in Iraq is 221,791; almost 97 per cent are concentrated in the three governorates in the northern part of Iraq - Duhok, Erbil and Suleimaniyah.

The ongoing violence in Anbar governorate and in other parts of Iraq forced thousands of families out of their homes into Kurdistan region. The new wave of internally displaced people has put a huge burden on the public service sector in the north.

TURKEY

According to the Prime Ministry's Disaster and Emergency Management Presidency (AFAD), the total number of registered Syrian refugees inside camps reached 223,802, distributed in 22 camp sites in Hatay, Sanliurfa, Gaziantep, Kahramanmaraş, Osmaniye, Mardin, Adana, and Adiyaman provinces, and six container sites in Hatay, Malatya, Sanliurfa, Gaziantep and Kilis. During the reporting period and according to the Governor of Kilis, 253,000 general examinations, 14,500 operations and 2,775 deliveries including C-sections were performed at hospitals. Moreover, there are an estimated 700,000 Syrians living outside of camps in cities in the south-eastern region and in the major cities in Turkey.

EGYPT

There are 135,684 Syrian refugees in Egypt, of which 48.8 per cent are female.

HUMANITARIAN RESPONSE (1 - 31 MARCH 2014) SEXUAL AND REPRODUCTIVE HEALTH, INCLUDING FAMILY PLANNING

SYRIAN ARAB REPUBLIC

REPRODUCTIVE HEALTH SERVICES: During the reporting period, UNFPA through its implementing partners in Damascus, Rural Damascus, Homs, Hama and Sweida has provided 9,400 women with reproductive health services, including provision of emergency obstetric care to 3,800 women and supporting safe deliveries for 820 women through reproductive health vouchers.

REPRODUCTIVE HEALTH SUPPLIES: Through the joint United Nations convoy, UNFPA delivered reproductive health kits and supplies for safe deliveries, including emergency obstetric care, to health facilities targeting 14,400 women in Rural Damascus, Aleppo, Homs and Idlib.

REPRODUCTIVE HEALTH AWARENESS SESSIONS: UNFPA assisted the Syrian Arab Red Crescent and the Syrian Family Planning Association to reach 3,200 people in the crisis areas to raise awareness of reproductive health issues.

LEBANON

REPRODUCTIVE HEALTH CAPACITY BUILDING: UNFPA partnered with the School of Nursing of the American University of Beirut to roll out a regional training on family planning and counseling, targeting 145 - 150 service providers who will be tasked to reach out to Syrian refugee couples in different areas. During the reporting period, three training courses were held for 75 nurses, midwives and community health educators from the Ministry of Social Affairs, the Ministry of Public Health, Social Development Centres, primary health care centres and other health centres supported by different NGOs in Chtoura (Bekaa), Zahle (Bekaa) and Saida (South).

Quote: "I really enjoyed this workshop and benefited a lot from the material presented. The case studies and role play were particularly helpful."
Nurse participant.



Nurses and midwives trained on family planning counseling, Lebanon. Credit: UNFPA, 2014

UNFPA partnered with the Lebanese Family Planning Association for Development and Family Empowerment (LFPAD) on a reproductive health awareness and services project in South Lebanon. During the reporting period, 45 Syrian and Lebanese women were trained as community leaders to raise awareness on different reproductive health topics including sexual transmitted infections, family planning, safe motherhood, nutrition during pregnancy and early marriage. Twenty awareness sessions targeting around 300 women were conducted in different villages where all participants received dignity kits, information, education and communication materials, health information community brochures and GBV referral pathway community brochures.

Quote: "This is all new to me, I hope I can participate in more sessions to increase my knowledge"; woman attending session on family planning, Hussiniyeh."



Women beneficiaries of the reproductive health awareness raising sessions with LFPAD filling in pre- and post-forms, Lebanon. Credit: UNFPA, 2014

JORDAN

NEW REPRODUCTIVE HEALTH PROJECT: UNFPA has signed an agreement with the World Health Organization (WHO) to identify gaps in terms of reproductive health equipment in selected health facilities, to prioritize needs and to deliver supplies in a three-month period of time aiming to strengthen the national health system response to the Syrian crisis and enhance the quality of reproductive health services provided both to Syrian refugees as well as Jordanian women in host communities.

REPRODUCTIVE HEALTH SERVICES: During the reporting period, a total of 9,072 women and girls received reproductive health services, including family planning (1,777), ante-natal care (2,982), post-natal care (367), sexually transmitted infection management (1,879), safe delivery (118), and other gynaecological services (2,391) in one of the 26 clinics throughout Jordan. A total of 118 babies were born in the UNFPA-supported clinic in Zaatar camp.

REPRODUCTIVE HEALTH AWARENESS SESSIONS: UNFPA and its partners held training sessions on family planning, early pregnancy, women's psychology, personal hygiene, sexually transmitted infections, nutrition, and vaccination for pregnant/lactating women and girls, targeting 2,438 women, girls, men and boys in communities and in the camps.

NEW REPRODUCTIVE HEALTH CAMPAIGN: A three-month reproductive health awareness campaign kicked off in Zaatar camp during March in collaboration with the Ministry of Health. The campaign addresses issues related to family planning, ante-natal care, post-natal care as well as GBV and sexually transmitted infections.

UNFPA distributed 200 posters to promote access to available reproductive health and GBV services in Zaatar camp. They were posted at various strategic points including schools, community halls, groceries, and the entrance to the camp.

SUPPORTING HUMAN RESOURCES: UNFPA continues to expand the services in the static camp clinics, community-based static clinics, and mobile units by recruiting gynaecologists, midwives, nurses, social workers, and managers.



Posters promoting access to reproductive health and GBV services in Zaatar camp, Jordan. Credit: UNFPA, 2014

GENDER EQUALITY AND WOMEN'S EMPOWERMENT

IRAQ

REPRODUCTIVE HEALTH SERVICES: UNFPA provided reproductive health services to 1,850 Syrian women in the UNFPA reproductive health clinic in Domiz camp in Dohuk. A total of 1,352 women received antenatal care, 179 received family planning services (tablets, 76; condoms 65; injections, 19; Depo-Provera, 19).

SUPPORTING THE SAFE DELIVERY OF NEW BABIES: A total of 190 pregnant women visited the reproductive health clinic in Domiz camp. UNFPA supported the safe delivery of 61 cases (55 had natural deliveries, 15 pregnancies were classified as high risk and six had Caesarean-sections).

WOMEN'S HEALTH BOOKLET: UNFPA launched the first personal reproductive health booklet for Syrian women aiming to meet the needs of Syrian refugee women in the Kurdistan region and to facilitate proper health care to the Syrian women and girls of reproductive age. The booklet covers family planning, ante-natal care, post-natal care, sexually transmitted infections, breast cancer and self-examination, cervical cancer, violence, premarital counseling, and non-communicable diseases. The booklet is a tool for health education, to ensure continuity and synthesis of care between different levels of health services in the public and private sectors.

EGYPT

UNFPA organized a training course on 12-13 March for 65 doctors and nurses working in primary health care units in Sharkia where many of the Syrian refugees in Cairo reside. The participants reviewed recent planning practices and were introduced to the magnitude of the Syria crisis, were sensitized to patients' rights, refugee rights, family planning-related issues and GBV as a social, psychological and medical problem and on the use of medical protocols to deal with GBV cases. Moreover, the training featured feedback from the participants to learn more about the challenges they and the Syrian refugees are facing.



Nurses and doctors participating in training course in Sharkia, Egypt. Credit: UNFPA, 2014.

SYRIAN ARAB REPUBLIC

GENDER-BASED VIOLENCE SERVICES: During the reporting period, UNFPA assisted the Syrian Family Planning Association and Syrian Arab Red Crescent clinic mobile teams in the affected areas to provide GBV counseling services, including medical examination and referrals, psychosocial support services and legal advice to around 2,400 women residing in Damascus, Rural Damascus, Idlib and Tartous. UNFPA delivered psychosocial support services and psychological first aid services to women and girls who were evacuated from the Old City of Homs and managed to reunify around 200 families.

GENDER-BASED VIOLENCE SUPPLIES: UNFPA provided 15,200 female dignity kits, 3,000 male kits and 8,000 sanitary napkins for the affected people in Rural Damascus, Idlib, Homs and Aleppo. The kits included awareness material on prevention of GBV and tips to defuse stress. UNFPA is in the process of partnering with WFP to distribute pamphlets on GBV prevention as part of the food parcels that WFP is distributing in the most affected areas, aiming to reach three million families per month.

GBV COORDINATION: During the reporting period, UNFPA enhanced coordination with implementing partners through building the capacity of 30 Syrian Arab Red Crescent volunteers on case management and referral. Moreover, referral mechanisms were established between mobile teams and UNFPA-assisted Syrian Family Planning Association clinics in Al-Enshaat in Homs.

LEBANON

During the reporting period, 18 social workers were trained by a clinical psychologist from the American University of Beirut on how to conduct information sessions on "problem solving skills" targeting Syrian refugees and Lebanese women.



Social workers after completion of training on imparting problem solving skills, Lebanon. Credit: UNFPA, 2014

Twenty social workers from across the country received a training of trainers on basic life skills.



Participants during training on basic life skills, Lebanon. Credit: UNFPA, 2014

The KAFA (“Enough Violence and Exploitation”) NGO with the support of UNFPA completed the following GBV-related activities: (a) trained 30 police officers in the Bekaa area on GBV and how to provide support for GBV survivors; (b) conducted reproductive health awareness raising for 60 Syrian refugees and Lebanese women; (c) conducted three animation sessions targeting 41 children in the Listening and Counseling centre (LCC) supported by UNFPA in the Bekaa; (d) conducted two sessions of art therapy targeting 31 women in the Bekaa and Beirut LCC; (e) conducted three life skills sessions targeting 12 women (same group in each session) in the Bekaa LCC; (f) provided three legal consultations for abused women; (g) provided four consultations over the phone; (h) supported two new clients for psychosocial support and four follow-up consultations; and (i) conducted six sessions of psychological counseling; and (j) conducted one support group session with six women.

UNFPA in collaboration with the Heartland Alliance reprinted information material to introduce beneficiaries on gender-based violence and services available.



GBV information and referral materials, Lebanon. Credit: UNFPA, 2014

Eleven awareness-raising and information sessions were conducted for 200 participants from INTERSOS, the International Federation of Red Cross and Red Crescent Societies, and the education, WASH, shelter, food security, non-food items and health sector members, aiming to train humanitarian frontline workers on how to refer GBV survivors to the right organizations for multi-sectoral assistance.



Awareness-raising and information session on use of GBV materials, Lebanon Credit: UNFPA, 2014

JORDAN

GENDER-BASED VIOLENCE PREVENTION AND RESPONSE SERVICES: A total of 3,995 women, girls, men and boys benefited from UNFPA-supported GBV services in 14 women’s safe spaces inside the camp and in host communities; the services included case management, psychosocial support, and recreational classes and youth activities, GBV campaigns, and GBV awareness activities. A total of 316 GBV survivors have been seeking support in UNFPA-supported spaces, mainly for domestic violence, requiring physical, psychological and emotional support. UNFPA implementing partners provided specialized services for GBV survivors including case management, psychosocial and legal representation.

OUTREACH COMMUNITY ACTIVITIES: During the reporting period, a total of 19,109 women, girls, men and boys were reached by community outreach volunteers in Zataari camp on GVB through home-to-home visits, community outreach training, and training for refugee committee and women associations. UNFPA and the International Medical Corps are working to engage the refugee community directly in GBV risk identification and mitigation activities.

HEALTH AND PROTECTION SCREENING ASSESSMENT FOR STUDENTS (NEW SERVICE): UNFPA in collaboration with the mobile medical units of the International Medical Corps spent 10 days at the Huwara high school for girls in Irbid to screen a total of 542 students on health and protection issues.

GBV AWARENESS: A total of 1,181 women, girls, men and boys were sensitized on GBV issues, services available and referral pathways both in camps and host communities.

INTERNATIONAL WOMEN’S DAY: UNFPA and its partners conducted GBV sensitization events, including discussions with school counselors, doctors, and communities and organized open days in different locations, as well as medical screenings, recreational and fun activities.

UNFPA-Jordan, Facebook page <https://www.facebook.com/media/set/?set=a.613541472062015.1073741831.139475249468642&type=1>



Mother’s Day activities at International Medical Corps site, Zataari camp, Jordan. Credit: UNFPA, 2014

POLICE WOMEN TRAINED ON GBV SURVIVOR-CENTRED APPROACH: Twelve police women from the Family Protection Department (FPD) were trained on methods to interview and investigate GBV cases with a survivor-centred approach.

A total of 46 non-government actors were trained on SGBV referral pathways and core principles of working with GBV survivors, and seven psychologists received training on case management, standard operating procedures and the survivor-centred approach.



Police women from the Family Protection Department discussing GBV survivor-centred approach, Jordan. Credit: UNFPA, 2014

TRAINING ON MECHANISM FOR CLINICAL MANAGEMENT OF RAPE: The Institute for Family Health (IFH) in collaboration with UNFPA and International Medical Corps hosted a meeting to establish a mechanism for following up on medical facilities and staff compliance with requirements for the clinical management of rape. A checklist was developed for facilities on post-rape management assessment, which will be monitored through IFH field visits.

IRAQ

GENDER-BASED VIOLENCE SERVICES: In March, more than 550 women and girls benefited from GBV services in the seven women's spaces in Erbil and Duhok, including 20 women and girls benefiting from listening and counseling services. The services included, recreational activities, awareness sessions on women issues in camps and host communities, referrals, listening, and counseling. In non-camp settings, access to GBV services, especially counseling and referral, has been done by telephone as women have limited access to relevant women centres.

INTERNATIONAL WOMEN'S DAY: UNFPA commemorated the day through organizing a series of activities inside the camps and host communities in the Kurdistan region. More than 600 women, men, boys and girls attended the events in Domiz, Kawarosek, Darashakran and Basirma camps. The event was also celebrated in women's spaces in host communities in Bahramand, Rajan and Kasnazan in Erbil.



Syrian women participating in the International Women's Day events organized by UNFPA at Nergiz women space in Kawarosek camp, Iraq. Credit: UNFPA, 2014

OUTREACH COMMUNITY ACTIVITIES: Around 30 recreational courses were provided inside the camps and in non-camp settings. During the reporting period, around 18 outreach volunteers and in-house staff of Yasamin women's space in Domiz camp were trained on reproductive health and GBV issues, and they were able to reach more than 550 families and sensitize them on the availability of family planning and reproductive health services.

GENDER-BASED VIOLENCE TRAINING: UNFPA supported training courses on GBV core concepts to 120 Assayesh (national security) staff working in Erbil camps (Basirma, Darashakran, Kawarosek and Qushtapa). A training course on safety audits was provided by the Norwegian Refugee Council to staff working on GBV in the camps, and another training on family planning and reproductive health was provided to 300 Syrian women living in the community.

GENDER-BASED VIOLENCE SUPPLIES: UNFPA distributed 161 dignity kits in Darashakran, 176 in Kawarosek and 54 in Basirma camps.

STUDIES AND ASSESSMENTS: UNFPA carried out a feasibility study to establish a helpline for women and girl refugees in the camp, aiming to increase access to services, counseling and awareness raising.



UNFPA distributing dignity kits in Yasamin women's space, Domiz camp, Iraq. Credit: UNFPA, 2014

TURKEY

GENDER-BASED VIOLENCE SERVICES: A total of 63 women and children participated in community awareness-raising events supported by UNFPA in Nizip1 Camp.



Syrian women and their children celebrating Mother's Day in the UNFPA-supported women friendly space in Nizip1 Camp, Turkey. Credit: UNFPA, 2014.

OUTREACH GENDER-BASED VIOLENCE VOLUNTEERS/ACTIVITIES: During the reporting period, 23 women participated in two women's committee meetings and 72 Syrian men, most of them teachers, have attended four awareness-raising discussion groups.

GENDER-BASED VIOLENCE TRAINING COURSE: UNFPA organized a training course on psychosocial services for first stage trauma support on 3-7 March for 16 providers from the International Middle East Research Center, the International Rescue Committee, and Support to Life, and the International Red Crescent in Gaziantep camp.

GENDER-BASED VIOLENCE MATERIALS DEVELOPED: UNFPA developed and printed 600,000 brochures on GBV and protection of the family in Turkey and distributed them to AFAD, the Ministry of Family and Social Policy and the UNFPA office in Gaziantep camp.



Syrian volunteer teachers with the UNFPA humanitarian team in Nizip1 camp, Turkey. Credit: UNFPA, 2014.

SUPPORTING ADOLESCENTS AND YOUTH

JORDAN

YOUTH ACTIVITIES: 31 per cent of the GBV prevention and response activities were targeted at youth aged 18-24, and 27 per cent of reproductive health services were targeted at youth aged 18-24.

YOUTH TRAINING: A total of 50 participants are completing a two-week youth peer education training of trainers' course in Zaatar camp (24 volunteers, 24 community health workers and four nurses). The participants will be introduced to methodologies and planning mechanisms for conducting reproductive health awareness campaigns.



Participants in the youth peer education training of trainers, Zaatar Camp, Jordan. Credit: UNFPA, 2014

IRAQ

YOUTH ACTIVITIES: A volleyball course is taking place at the youth-friendly space in Domiz Camp, for four days a week, each session lasting for 2 hours; likewise, a music course is now running with the participation of 14 boys and 10 girls. A one-day exhibition of artwork took place in the youth-friendly space in Domiz camp with more than 200 visitors. The exhibition included paintings, handcrafts and calligraphy made by Syrian youth.

The youth volunteers have organized and performed a theatrical play called "I Am Right, You Are Wrong", addressing youth-related issues such as reality of life in the camp and early marriage. The play was attended by 29 youth in Domiz camp (10 males and 19 females).

YOUTH TRAINING: Around 70 Syrian youth participated in three-day peer education sessions on early marriage, communication skills, management of depression, and personal hygiene.

SUPPLIES: Music instruments were purchased and delivered to the youth-friendly space in Domiz camp.



Syrian youth who participate in different events such as theatre performances, exhibitions and entertainment at the UNFPA youth space in Domiz camp, Iraq. Credit: UNFPA, 2014.

COORDINATION AND CAPACITY BUILDING

SYRIAN ARAB REPUBLIC

UNFPA met with several representatives of local NGOs operating in Damascus, Deraa, Raqqa, and Latakia to explore the possibility of expanding partnerships with some of the accredited NGOs. UNFPA met with the American University of Beirut to discuss mechanisms of collaboration to conduct a study on health, including reproductive health, and on addressing issues of stigmatization among providers.

Parliamentarians in the United Kingdom met with representatives of agencies from Damascus that are implementing projects inside Syria funded by the United Kingdom. The discussion addressed elements that are negatively impacting the operational agencies, especially regarding humanitarian space and delivery of cross-line and cross-border assistance.

LEBANON

The SGBV taskforce organized 50 activities across the country to celebrate International Women's Day on 8 March.

UNFPA recruited a consultant to carry out an assessment of GBV interventions, including UNFPA's contribution to the GBV referral pathway information material. The outcome of this assessment will help the SGBV taskforce to categorize and check the usefulness of SGBV services referral pathway materials.

UNFPA organized the inter-agency technical committee for the youth assessment review, discussed the comments on the assessment and agreed to conduct dissemination workshops in April to share results and recommendations with governmental and humanitarian agencies.

UNFPA participated in the health working group for the North of Lebanon, which discussed the delay in admitting patients to hospitals in the north part of Lebanon and shared information about upcoming family planning counseling trainings that will be conducted in the North in early April.

UNFPA participated in a meeting on the multi-sector needs assessment (MSNA) to discuss the health sector chapter. The objective of the MSNA is to identify priority needs and gaps within and among sectors including health. It was agreed by participants to revise the chapter as it did not cover all pillars of health.

JORDAN

UNFPA chaired the monthly national reproductive health meeting in Amman, which endorsed the terms of reference for the reproductive health group, discussed reproductive health services mapping in Jordan, reproductive health indicators and identified available partners in the field.

UNFPA chaired the reproductive health co-ordination meetings in Zaatari camp. The members discussed reproductive health messages, data collection tools (ante-natal card), reproductive health data quality and services. UNFPA co-chaired the Zaatari camp youth task force meeting, which discussed the checklist for youth organizations interested in working with youth in the camp, a new NGO project and the youth task force action plan.

UNFPA participated in the health sector advisory committee to discuss agencies' health strategic directions, coordination mechanisms and guiding principles to implement the RRP6 health strategies.

UNFPA co-chaired the bi-monthly GBV sub-working group coordination meetings. The group agreed on the SGBV workplan for 2014 and discussed interagency SGBV campaign messaging.

Under the auspices of the child protection and sexual and SGBV sub-working groups, UNFPA, UNHCR, UNICEF, Save the Children International and the International Rescue Committee launched the inter-agency country programme and SGBV awareness-raising "Amani" campaign.

The SGVB sub-working group (UNFPA, UNHCR and UNICEF) conducted a joint mission to Azraq camp to assess and advocate for the implementation of additional measures to prevent GBV in Azraq camp. The International Rescue Committee in partnership

with UNFPA and UNHCR presented the safety audit findings and recommendations at the Zaatari camp management coordination meeting. The overall response to the findings was positive. Based on recommendations, the lighting system is being upgraded and solar options considered.

To support the development of a roadmap to improve the maternal and neonatal death audit system, UNICEF, UNHCR, UNFPA, and WHO are currently conducting a rapid health facility joint assessment to identify gaps and needs in maternity and newborn care wards in 27 hospitals throughout Jordan.

EGYPT

UNFPA participated in a taskforce meeting on humanitarian issues with other United Nations agencies to discuss action needed for the assessment of health and economic risk factors. UNFPA participated in a meeting with the concerned organizations working in the development of primary health care units. The main objective of the meeting was to agree on a work plan for the next few months, review the procurement process, the training contents and materials with special focus on GBV, and discuss the possibility of establishing youth-friendly spaces. In that regard, UNFPA met with Arab Medical Union representatives to explore ways of collaborating and the possibility to establish youth-friendly spaces.

UNFPA participated in an SGBV working group to discuss the standard operation procedures for the Syrian crisis as well as regular operations, upcoming activities and general GBV trends.

CHALLENGES

SYRIAN ARAB REPUBLIC:

Increased and unpredictable violence across Syria has led to disrupted transportation links and hindered access of assistance to women in need.

Hindering medical supplies to besieged areas constitutes a breach of human rights under international human right law and is problematic for responding to such needs as emergency obstetric care. Therefore, and in light of United Nations Security Council Resolution 2139, more pressure is needed to allow comprehensive access, deliver reproductive health commodities that can provide safe delivery to the besieged areas, and to apply more objective evaluations of the situation and better reporting of needs.

The ability of women to report GBV incidents and receive appropriate services is severely constrained, especially in the areas of active conflict and besiegement in Rural Damascus, Rural Latakia, Homs, Hama, Deir Ez-Zor and Aleppo due to the continued violence, lack of shelter, and limited income.

Uneven funding for GBV programmes has raised concerns. UNFPA and its partners need to continue to advocate for a greater number of qualified partners to address GBV issues and to provide services needed more objectively and equitably.

There have been difficulties in deploying qualified reproductive health professionals who are willing to accept to work in mobile teams.

Women are exposed to sexual encounters in parks for small amounts of money. One result may be reflected in reports by UNFPA-assisted clinics in Damascus and Rural Damascus that have noted an increase in sexually transmitted infections and vaginal haemorrhages.

LEBANON:

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

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

The highly fragile situation with intensified hostilities in the

North, Bekaa and the South is affecting programme delivery and staff movement.

JORDAN:

There are challenges in deploying qualified gynaecologists and obstetricians for new reproductive health centres in the camps since most local female obstetricians have their own private clinics and do not accept full time outside employment.

IRAQ:

The number of outreach volunteers has been reduced in each camp of Erbil due to the lack of funds. The tasks of current volunteers have been increased to cover supporting reproductive health clinics and distributing monthly dignity kits for pregnant women.

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.

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