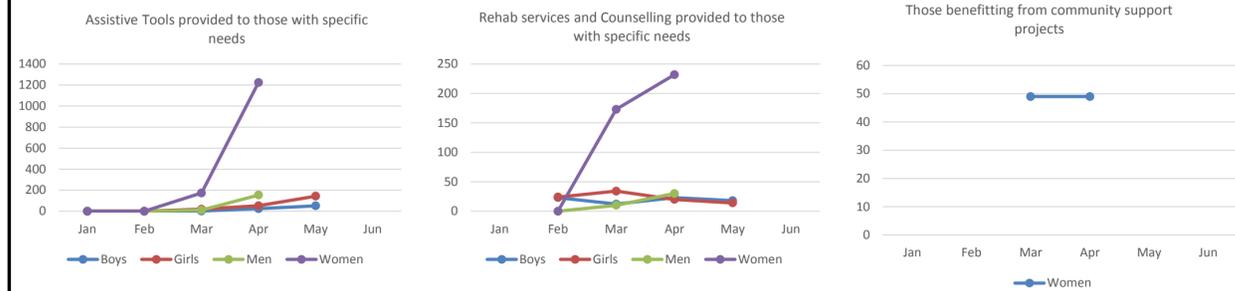


PROTECTION

Protection

Women are 5-6 times more likely to receive assistive tools, rehabilitative services and counseling, despite men (then boys) are most likely to have suffered injury from the war. No tools were recorded being given to boys, and very few to girls. Quick Impact Projects assisted women only.



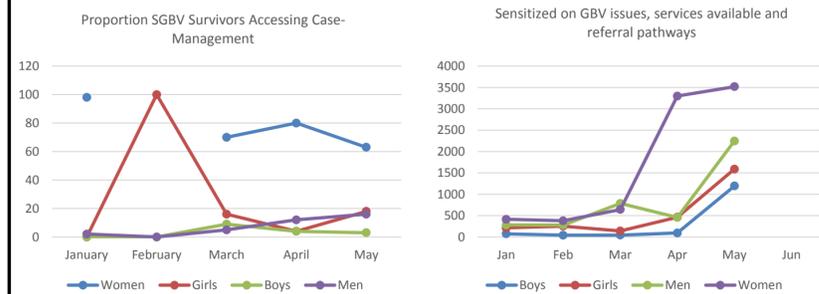
Child Protection

Twice as many boys participate in CFSs and YFSs than girls. More boys than girls received assistance for being separated from or not accompanied by their families. The rates of girls and boys receiving case management to deal with violence is very low.



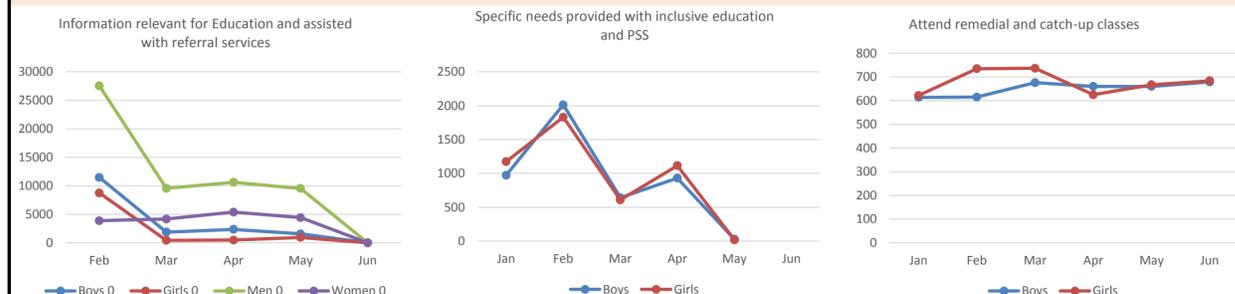
SGBV

Women are by far the dominant users of the case-management services. While needs assessments highlight several issues needing c-m, the recorded access rates do not reflect this. In April and May, men started to use these services in small numbers; and boys rarely use the services. Women are the primary target of awareness campaigns about SGBV issues, available services and referral pathways.



EDUCATION

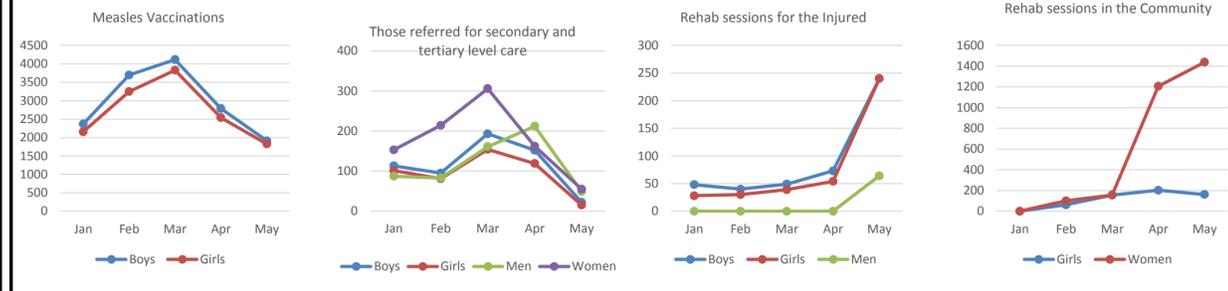
Twice as many men as women receive information about education and assisted with referral services, and mostly targeted at adults rather than children. Boys and girls receive remedial assistance at equitably. More (almost twice) girls attended informal education classes than boys. Boys and girls with disabilities access primary education at similar rates. Boys accessed the post-basic education at higher rates than girls (12.1%).



HEALTH

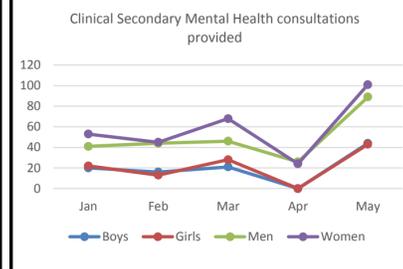
Health

Slightly more boys than girls were vaccinated in the camps: this is consistent with registration rates. Women are most likely to be referred to secondary and tertiary care services (mostly for obstetric care). Men, boys and girls were referred at similar rates. Girls are least likely to be referred. Rehabilitation sessions for injuries were only provided to children except in May when sessions were recorded for men. Rehabilitation services were provided predominantly to women in the home, and to a certain extent girls.



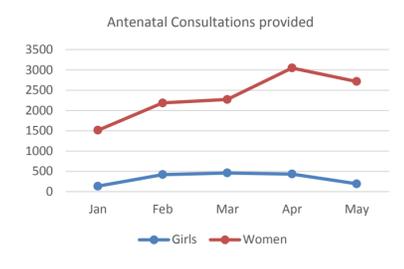
MPHSS

Adults were provided with more clinical secondary mental health consultations than children. This is consistent with pathologies. Women had slightly more consultations than men, and boys had slightly more consultations than girls.



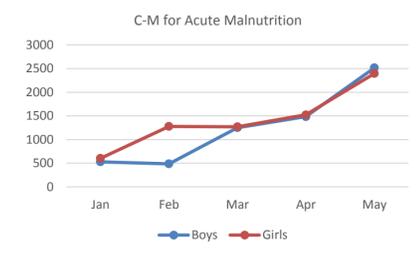
Reproductive health

Significantly more women than girls are accessing antenatal care. This is consistent with rates of pregnancies. Centre-based and mobile clinics are offered. Awareness campaigns and referral processes will considerably improve the quality of care and service coverage. Agencies are hiring part-time female gynecologists and doctors with gynecological experience, expanding the role of midwives and skills development to make sure services are accessible by women and girls.



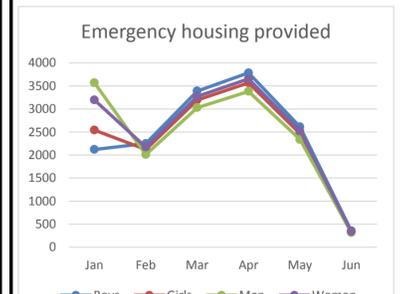
Nutrition

Boys and girls are able to access case management for acute malnutrition equitably.



SHELTER

The rates of access look very similar to the rates of registration by Syrians. No capacity to monitor the effectiveness of targeting female-headed households.



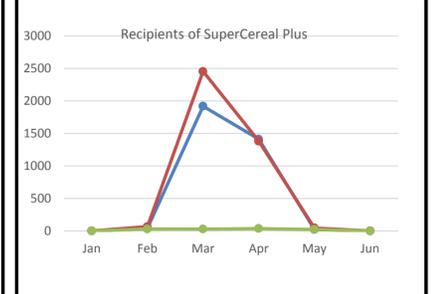
NFIs

The rates of access look very similar to the rates of registration by refugees.



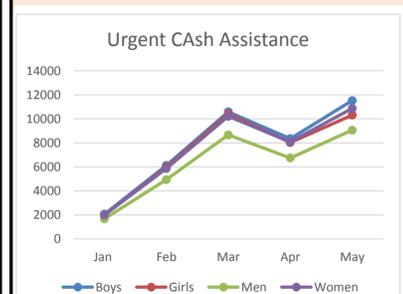
FOOD

The same number of boys and girls received SuperCereal Plus, except in March when more girls than boys received the supplement. In comparison to the children, few women were provided with SuperCereal Plus.



CASH

The rates of access look very similar to registration rates.



WASH

The rates of access look very similar to the rates of registration of refugees.



The rates of access are consistent with the fact that more girls attend schools in camps than boys.

