



Cidar Khalaf (right), a 17-year old Syrian refugee attending an English language class at the UNFPA-supported Roshambery Kasnazan women's centre in Erbil in Iraq. "We lost the chance to pursue our regular education, the curriculum in Iraq is different from the one in Syria. I could not enroll in a public school in Erbil but I am attending this classes to learn skills, improve my language and socialize with other girls in the area."Cidar said.

Credit: UNFPA| Rewan Kakil, 2014

HIGHLIGHTS

SYRIAN ARAB REPUBLIC: UNFPA reaches 20,300 women and girls of reproductive age in Damascus, Rural Damascus, Homs, Aleppo, Deir ez-Zor, Al Raqa, Hama, Daraa, Tartous and Latakia with reproductive health and GBV services.

LEBANON: UNFPA conducts 85 awareness sessions on different reproductive health issues targeting 1,375 Lebanese and Syrian women. UNFPA in collaboration with KAFA's listening and counseling centre provides GBV services to 678 Syrian women.

JORDAN: UNFPA sensitizes a total of 2,728 women, girls, men and boys through GBV awareness sessions. UNFPA creates 56 recreational activities benefiting 536 women.

IRAQ: UNFPA provides services to around 2,000 women and girls of reproductive age at UNFPA women's centres. UNFPA supports the deliveries of 79 babies in the maternity clinic in Domiz camp in Duhok and responds to the needs of women arriving from Kobani, by involving them in the psychosocial support sessions, distributing dignity kits to 1,000 women and winter dishdashas to 400 of them.

TURKEY: UNFPA conducts a field visit to the Syrian Social Gathering in Mersin to observe their information system to collect data and services regarding reproductive health and GBV.

EGYPT: UNFPA organizes an orientation session on currently available services for community health workers working with Syrian refugees in Egypt.

HUMANITARIAN SITUATION

The ongoing crisis in Syria and its spillover effects continue to inflict a devastating human and humanitarian toll on neighbouring countries. The rising numbers of displaced persons, the increasing pressure on refugee hosting countries and dwindling international support left governments that already face economic and social challenges, along with the United Nations agencies, including UNFPA, racing to meet the pressing humanitarian needs on the ground.

The scale of the unfolding tragedy in Syria and now in Iraq and its distressing humanitarian consequences and impact continue to outstrip forecasts. Today, there are an estimated of 3.5 million Syrian women and girls of reproductive age, of which 525,000 are pregnant women, and more than 250,000 Iraqi displaced women who are in dire need of urgent health and protection support. Many of these vulnerable women have been subject to violence, economic hardship and psychological trauma caused by a crisis that, to them, seems endless.

UNFPA works with partners to assure that every woman has the right to have access to affordable and universal access to reproductive health care and to be protected from gender-based violence.

SYRIAN ARAB REPUBLIC

The violence continued in October, especially in the rural areas of most Syrian governorates, including Damascus, Aleppo, Idleb, Hama, Deraa, Hasakeh, Deir ez-Zor and Qunaitera. The situation is aggravated by the ongoing airstrikes by the coalition on the bordering governorates of Hasakeh, Deir ez-Zor and Raqqa. As such, the trends of displacement inside Syria as well as to neighboring countries is likely to be increasing, although updated figures are not yet available. This coupled with the frequent mortar shelling in Damascus and other parts of Syria is affecting the accessibility of reproductive health and GBV assistance as well as access by affected people to humanitarian aid facilities.

UNFPA conducted a field assessment mission to Homs and Tartous governorates that host around 1.2 million people in need, including 208,000 internally displaced persons and 305,000 women and girls of reproductive age, to identify emerging needs and to look at bottlenecks of custom clearance, storage and delivery of reproductive health commodities in the warehouse in Tartous. In addition, the mission monitored the implementation of UNFPA humanitarian response and looked to enhanced coordination and visibility with partners.

LEBANON

Two reports published by UNHCR and Human Rights Watch stated that elements in the Lebanese army had committed serious violations against refugees during the clashes in Aarsal in October. More than 45 municipalities in Lebanon have imposed curfews on Syrian nationals. A recent declaration by a Lebanese official announced that Lebanon has stopped allowing the entry of Syrian refugees into the country except for humanitarian reasons to be decided by the Interior and Social Affairs ministries.

October witnessed a presentation of a new gender-based violence-related law proposal aiming to address the marriage of minor boys and girls. Comments were received on the draft law proposal for legislating the rape of minor girls and minors in general.

UNFPA concluded an external assessment of UNFPA gender-based violence (GBV) projects in 2013 that dealt with women's empowerment and the dissemination of the referral pathway. The results of the assessment of the first project were found to be beneficial both by social workers who received trainings and women who received sessions on basic-life skills and problem solving. The women themselves indicated that the information shared helped correct many misconceptions related to their daily life practices and equipped them with better skills to solve problems. As for the second project, the results indicated that disseminating the referral pathway may have increased GBV reporting incidents and led more women to access safe spaces. The frontline workers targeted by the project reported increased information on GBV and better ability to conduct safe and ethical referrals to specialized GBV services.

A total of 17 health actors, including UNFPA, participated in documenting their reproductive health education activities through 2014, filling out a template that includes information on type of activities, location, topics, beneficiaries, methodology used, monitoring and evaluation, health education material and human resources. Among the key findings, nearly 90 per cent of actors offered reproductive health education through existing health centres and mobile medical units, whereby family planning is covered in 90 per cent of the activities, while 56 per cent covered pre- and post-natal care. However, only four health actors reached men.

JORDAN

The conflict in Syria has forced hundreds of thousands of people to flee their homes and seek refuge in Jordan. So far, around 619,376 Syrians have relocated in camp and non-camp settlements in Jordan with 154,844 of women and girls of reproductive age and 10,962 pregnant women.

IRAQ

Due to the escalating conflict in the embattled northern Syrian town of Kobani, more than 11,000 new Syrian refugees have entered the Kurdistan Region of Iraq and transferred to the already existing camps in the three governorates of the region. The Fund assessed the situation and responded immediately to the needs of women and girls of reproductive age arriving from Kobani, by involving them in the psychosocial support sessions, distributing dignity kits to 1,000 women and girls of reproductive age and winter dishdashas to 400 of them.

Today, the total number of Syrian refugees in Iraq stands at 222,468 individuals, with a total of 78,578 households, 47,606 women and girls of reproductive age, including 3,937 estimated to be pregnant.

AT A GLANCE:

In Syria Arab Republic

10.8 MILLION PEOPLE AFFECTED
2.7 MILLION WOMEN AND GIRLS OF REPRODUCTIVE (CHILD-BEARING) AGE
432,000 PREGNANT WOMEN

In Jordan

619,376 REFUGEES
154,844 WOMEN AND GIRLS OF REPRODUCTIVE (CHILD-BEARING) AGE
10,962 PREGNANT WOMEN

In Turkey

1,600,000 REFUGEES
337,500 WOMEN AND GIRLS OF REPRODUCTIVE (CHILD-BEARING) AGE
54,000 PREGNANT WOMEN

In Lebanon

1,124,942 REFUGEES
281,235 WOMEN AND GIRLS OF REPRODUCTIVE (CHILD-BEARING) AGE
19,911 PREGNANT WOMEN

In Iraq

222,468 REFUGEES
47,606 WOMEN AND GIRLS OF REPRODUCTIVE (CHILD-BEARING) AGE
3,937 PREGNANT WOMEN

In Egypt

140,105 REFUGEES
35,274 WOMEN AND GIRLS OF REPRODUCTIVE (CHILD-BEARING) AGE
2,466 PREGNANT WOMEN

SOURCE:
 AFAD, UNHCR AND UNFPA, OCTOBER 2014

TURKEY

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

The estimated total number of Syrian refugees in Turkey is 1.6 million according to AFAD, while the total number of Syrian refugees registered by UNHCR in 22 camps located in 10 provinces is 220,110 refugees.

EGYPT

There are 140,105 Syrian refugees in Egypt, of which 48.8 per cent are female.

HUMANITARIAN RESPONSE (1 - 31 OCTOBER 2014)

SEXUAL AND REPRODUCTIVE HEALTH, INCLUDING FAMILY PLANNING

SYRIAN ARAB REPUBLIC

Reproductive health services: Around 16,500 women received reproductive health services and information including emergency obstetric care for 8,400 women, safe delivery for 1,500 women through reproductive health vouchers, family planning for 3,000 women while 3,600 women received other reproductive health services.

Reproductive health supplies: UNFPA facilitated the distribution of micronutrient tablets provided by UNICEF to 82,500 pregnant and lactating women who visited UNFPA-assisted clinics in Rural Damascus, Latakia, Deraa, Homs, Deir ez-Zor, Hasakeh and Idlib.

Reproductive health awareness sessions: UNFPA assisted the 28 Syrian Arab Republic Crescent (SARC) and Syrian Family Planning Association (SFPA) mobile teams reaching 3,500 women residing in Damascus, Rural Damascus, Homs, Aleppo, Tartous, and Hama, sensitizing them with awareness messages on reproductive health issues, including family planning.

Reproductive health training: A total of 100 women of reproductive age benefited from a two-day awareness-raising campaign on breast cancer, which was completed in cooperation with SFPA.

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 (SARC) through the deployment of 207 obstetricians, gynaecologists, midwives, nurses and social workers in 12 governorates.

LEBANON

Reproductive health outreach activities: UNFPA in partnership with the Lebanese Family Planning Association for Development and Family Empowerment (LFPAGE) implemented 85 awareness sessions on different reproductive health issues such as prenatal care and nutrition during pregnancy, postnatal care and family planning and contraceptive methods for both Lebanese and Syrian women in Bekaa, North and Mount Lebanon. The sessions were able to reach 1,375 refugee and Lebanese women as follows: 590 women in the Bekaa, 375 in North Lebanon and 392 in Mount Lebanon.

Reproductive health training: UNFPA partnered with the International Rescue Committee (IRC) to carry out health education and awareness raising related activities to be implemented by the Lebanon Family Planning Association for Development and Family Empowerment (LFPAGE) in the region of Akkar, North Lebanon. A total of 20 Syrian and Lebanese women were trained as community women leaders to be able to deliver awareness sessions to other women on family planning. Notepads containing key health messages were distributed to the participants.

UNFPA partnered with the Order of Midwives to develop the capacities of service providers on family planning counseling. During

October, a total of 12 midwives participated in a four-day training of trainers (TOT) on family planning counselling in humanitarian settings.

Reproductive health supplies: UNFPA distributed a post-rape treatment kit to the Nabatieh governmental hospital, following the clinical management of rape (CMR) training conducted by UNICEF and ABAAD. Upon the delivery of the kit, a sensitization session on CMR treatment and on the contents of the kit was conducted for four health service providers in the hospital.

A total of 2,910 sanitary pads and 3,000 pamphlets on different reproductive health topics such as nutrition during pregnancy and reproductive tract infections were distributed during the awareness sessions implemented by UNFPA in partnership with LFPAGE.



Syrian women and their children attentively following an awareness session on child marriage and pregnancy in Al Marj, West Bekaa in Lebanon. Credit: LFPAGE, 2014.

JORDAN

Reproductive health services: UNFPA has delivered a total of 944 individual reproductive health and family planning services inside the camps in Jordan.

UNFPA conducted the second part of the family planning counselling training for a total of 18 obstetricians and midwives working for UNFPA's implementing partners. UNFPA conducted a medical campaign in the King Abdulla Park camp targeting 193 beneficiaries and delivered services to 284 clients including breast cancer screening, pregnancy screening, children's medicine, blood pressure and diabetic care as well as distribution of vitamins and supplements for pregnant women and children.

Reproductive health awareness: A total of 18 workshops targeting 389 Syrian and Jordanian beneficiaries (353 females and 36 males) were conducted by UNFPA in Dair Alla, Sweileh, and Hashmi units. The workshops addressed family planning, breast feeding and care for newborns, post-delivery psychological problems, early marriage, sexually transmitted infections, HIV/AIDS, domestic and gender based violence, stress and anger management.

GENDER EQUALITY AND WOMEN'S EMPOWERMENT

SYRIAN ARAB REPUBLIC

UNFPA also provided community awareness workshops on gender based violence and reproductive health issues in camps, targeting adolescent girls, women and mothers. The workshops also included women and men survivors of violence and female heads of household. The UNFPA mobile teams are also conducting house visits to identify high risk cases and deliver reproductive health counseling assistance aimed at raising public awareness. Major achievements gained during this reporting period included:

- 453 refugees received reproductive health counselling services, for example awareness raising on reproductive health, family planning methods, child birth and motherhood, pre-natal care and the different stages of pregnancy.

- 149 individual counselling sessions were delivered to Syrian refugees.

- 38 reproductive health awareness sessions were conducted at the women centres and in other spaces, as appropriate, reaching out to 817 of beneficiaries

- 100 newborn kits received from UNICEF were distributed in UNFPA-supported centres.

IRAQ

During the reporting period, 179 women benefited from reproductive health services including 79 deliveries in the maternity clinic in Domiz Camp in Duhok, while 100 pregnant women benefited from reproductive health services in Kawergoesk, Darashakran, Qushtpa and Basirma camps in Erbil.

EGYPT

UNFPA and the Arab Medical Union have organized an orientation session for community health workers working with Syrian refugees in Egypt on currently available services. This event is part of an ongoing project that includes recruitment and training of 30 Syrian and Egyptian community health workers who will visit 600 Syrian households in Giza over the next two months.

TURKEY

UNFPA conducted a field visit to the Syrian Social Gathering in Mersin to observe their information system to collect data and services regarding reproductive health and GBV.

UNFPA Turkey in partnership with an international NGO in Gaziantep has identified health facilities in Northern Syria and has prepared a distribution plan to provide reproductive health kits as needed to health facilities in that part of the country.

Gender-based violence services: During the reporting period, UNFPA-assisted clinics and mobile teams provided psychosocial support to around 3,100 women residing in the affected areas of Damascus, Rural Damascus, Idlib, Homs and Tartous.

In Damascus and Rural Damascus, GBV screening services were provided to 550 women, of whom 80 women were GBV survivors, who consequently received medical examination, community services and legal advice through UNFPA-assisted clinics.

Outreach on gender-based violence activities: During the reporting period, UNFPA-assisted clinics and mobile teams in Damascus, Rural Damascus, Homs, Latakia, Tartous, Idlib and Deraa provided 12,000 GBV counseling and other services, including 2,100 psychosocial support services for violence-affected people.

Gender-based violence training course: UNFPA organized two training sessions that were facilitated by four youth peer trainers on basic GBV principles and concepts targeting 50 SARC volunteers from all governorates.

UNFPA conducted a GBV session for 25 health professionals from all Syrian governorates advocating for the concept of GBV and human and women's rights issues.

A total of 19 community volunteers from Latakia, Tartous, Idlib, Aleppo, Homs and Deir ez-Zor completed on-job training on psychosocial support and psychological first aid.

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



UNFPA is furnishing consistent supplies of dignity kits to meet the needs of the most affected women in Homs and Tartous in Syrian Arab republic. Credit: UNFPA| Kinda Katranji, 2014.

LEBANON

Gender-based violence services: UNFPA in collaboration with Intersos started the provision of specialized psychological counselling to GBV survivors and to women at risk. The psychologists have collaborated with the caseworkers and senior social workers to identify women and girls at risk and who are willing to participate in the support groups.

UNFPA in collaboration with KAFA's listening and counseling centre in Beirut was able to provide social counseling services to 55 new cases, while 60 other women were followed up by the social workers. A total of 35 legal consultations took place, benefitting 30 women; two court representations took place benefitting 2 women; 103 psychotherapy sessions were conducted with the participation of 390 women and children beneficiaries; and 3 women were provided with forensic doctor reports.

Gender-based violence awareness activities: UNFPA in partnership with SHEILD as part of a women's empowerment project has carried out consultations with selected beneficiaries to define the upcoming topics of the sessions on problem-solving skills, life skills training, as well as informal skills training.

Gender-based violence training: UNFPA in partnership with Intersos conducted three training courses in Mount Lebanon for 10 case and social workers on how to conduct support groups and organized three focus groups in three centres in Mount Lebanon, with the participation of 30 girls at risk. The focus groups will allow selecting 50 beneficiaries and identifying needs for informal skills development in addition to the 30 male youth that had been selected earlier for the peer-to-peer program.

UNFPA in partnership with Intersos started conducting a mapping of GBV services in Mount Lebanon through conducting interviews with 15 organizations. The results of the mapping will guide UNFPA in selecting five local GBV service providers to implement GBV prevention programmes.



UNFPA distributes a reproductive health kit in the Nabatieh governmental hospital in Lebanon. Credit: UNFPA, 2014.

JORDAN

Gender-based violence services: UNFPA has been facilitating the reception process and shelter allocation for female-headed households. A total of 380 newly arrived female heads of households, and their 770 dependents, were provided with protection services. Around 36 per cent of women were between 18-29 years of age.

A total of 294 individual psychosocial counseling sessions were provided in the camps, of which 99 cases were referred for medical services.

A total of 2,260 refugees received support on case management, legal information, psychosocial support, access to medical care facilities, and other comprehensive GBV services while 169 GBV cases were successfully closed after being integrated into community support networks.

In total, 730 protection and non-protection service providers, volunteers and refugee committees were trained on inter-agency protocols, and 120 individual case management and psychosocial counseling sessions and 674 case management services were provided to women, girls, men and boys and GBV survivors. A total of 45 support group sessions on psychosocial support, anger man-

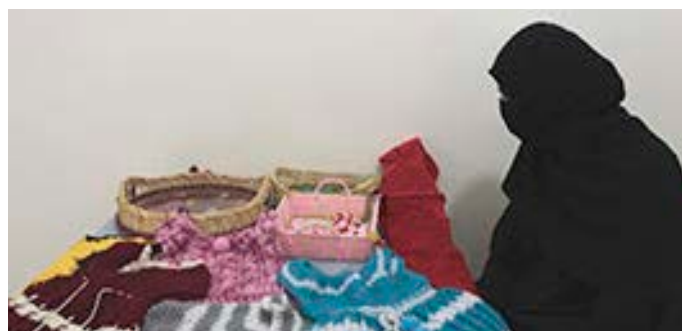
agement, and reproductive health issues were conducted targeting 299 women, girls, men and boys.

Gender-based violence outreach activities: A total of 2,728 women, girls, men and boys were sensitized by GBV awareness sessions on issues related to availability of services and referral pathways both inside the camps and in host communities.

Around 60 GBV awareness sessions were conducted on topics concerning early marriage, positive thinking, social upbringing, stress relief techniques and the impact of drug abuse on family and community relations.

A total of 45 GBV awareness raising sessions were delivered to Syrian refugees on issues of: domestic violence, GBV prevention and response, sexual violence, sexual harassment, and available services inside the camps. UNFPA also created 56 recreational activities benefitting 536 women. The activities included open sessions and handicrafts to relieve stress and increase community cohesion.

Gender-based violence training: Two training sessions were conducted to 19 individuals on GBV and child protection standard operating procedures for seven agencies working in Azraq camp. The training sessions included topics related to increasing the knowledge and skills in identification and referral of survivors of GBV and children at risk.



The UNFPA-supported centre in Deir Alla, Jordan, offering skills-building programmes, such as knitting and beadwork classes to help women earn an income. "All I know is that I needed help badly. Because of the help of the social workers here, I realized that I'm excellent at knitting. This helped me regain strength and happiness" Reem said, a 22-year-old mother of three, proudly displays clothes she has made. "Photo credit: UNFPA/David Brunetti, 2014.

IRAQ

Gender-based violence services: Around 2,000 women and girls of reproductive age benefited from services provided at UNFPA women's centres. Five GBV cases were identified and managed. In addition, 43 cases were provided with psychosocial support. Of the total, 640 women and girls benefited from 44 socio-recreational activities such as sewing, hairdressing, make-up and basic language courses (English and Kurdish).

Gender-based violence trainings session and outreach activities: Twelve awareness lectures on reproductive health and GBV were conducted in the women's centres in Dohuk and Erbil, which were attended by 183 women and girls. Approximately 500 families were reached with messages on reproductive health, family planning, GBV, including domestic violence, as well as child marriage.

Gender-based violence supplies: Approximately 1,332 dignity kits were distributed to Syrian vulnerable women and girls of reproductive age in addition to 400 winter dishdashas.

SUPPORTING ADOLESCENTS AND YOUTH

LEBANON

Within the framework of enhancing strategic youth interventions, a humanitarian youth coordinator has been assigned to support the UNFPA in intensifying efforts towards ensuring quality, timely, and effective responses to the needs of affected populations of concern, mainly youth in refugee and host communities.

JORDAN

UNFPA provided a training course to youth peer educators on fundraising, writing concept notes and proposals and help to develop creative ways of fundraising and dealing with the private sector.

IRAQ

A total of 157 Syrian youth refugees took part in peer education sessions organized in Erbil and Duhok on sexual and reproductive health, child and forced marriages, family relations, violence against women, violence amongst youth, HIV/AIDS, addictions and the Internet. The youth were able to participate in different sessions such as drawing and music courses, a film screening activity and volleyball training.

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.

UNFPA participated in the regional health cluster meeting held in Istanbul for the finalization of the health humanitarian needs overview and severity-ranking table.

LEBANON

The reproductive health sub-working group, in close partnership with the Ministry of Public Health, decided to conduct a reproductive health situation analysis on how the humanitarian crisis has affected Lebanon.

UNFPA, UNHCR and UNICEF coordinated the gender-based violence information management system (GBV-IMS) steering committee and discussed the modalities of the information sharing protocol and the safeguards for ensuring protection of confidentiality of GBV data.

UNFPA participated in the sexual and gender-based violence (SGBV) national task force meeting, where partners briefed UNFPA on the new GBV projects that needed support.

UNFPA co-chaired the GBV task force for the development process of the GBV component for the Lebanon crisis response plan and for mainstreaming gender and age into the national plan.

JORDAN

The nutrition working group developed national guidelines for prevention and treatment of anemia in pregnancy based on standard WHO and International Anemia Consultative Group guidelines. Through the nutrition working group UNFPA supported the development of a Jordan nutrition factsheet. Below is the link:

https://gallery.mailchimp.com/21ac4d661afc676782cbf14bc/files/Jordan_Nutrition_Fact_Sheet_7_Oct_2014.pdf?utm_source=Syrian+Refugee+Crisis+Response&utm_campaign=dbc-dadb893-&utm_medium=email&utm_term=0_2ee325c2b3-dbc-dadb893-89658081

UNFPA co-chaired the youth task force group in Zaatari camp and provided needed support for its operation. UNFPA contributed to the safety audit focus group in Zaatari.

The SGBV sub-working group started working on preparations for the 16 Days of Activism, which will be held from 25 November to 10 December.

UNFPA is working on consolidating and analyzing data for the safe spaces for women and girls mapping.

IRAQ

In Erbil and Sulaimaniya, UNFPA co-chaired the gender-based violence sub-working group and participated in protection meetings at the governorate level.

TURKEY

UNFPA participated in OCHA's bi-monthly humanitarian coordination meetings in Gaziantep and Hatay.

UNFPA participated in the United Nations Task Force weekly meetings in Ankara and conducted a field visit to Nizip Camp.

UNFPA participated in the monthly GBV working group meeting, where participants reviewed and discussed agency collaboration activities on GBV humanitarian response.

EGYPT

UNFPA participated in the inter-agency early and forced marriage task force along with UNICEF and UNHCR. The members discussed potential plans to conduct a legal situational analysis and an assessment of the prevalence of the phenomena and contributing factors.

UNFPA participated in the sexual and gender based violence sub-group monthly meeting and discussed GBV humanitarian response and updates.

UNFPA participated in the United Nations sector working group meetings for health and protection.

CHALLENGES

SYRIAN ARAB REPUBLIC

UNFPA and implementing partners are concerned about the ability of women to access reproductive health and GBV services, as a result of the ongoing violence.

The situation of the affected people is deteriorating due to the strict entry procedures imposed by the Lebanese authorities on Syrians fleeing to Lebanon.

Restricted access to besieged areas and the areas under the control of the opposition, especially those covered by the UN-SCR 2139 and 2165, remains a critical gap in delivery. For UNFPA, the ability to provide basic reproductive health services and safe delivery in these areas is further limited by the number of accredited partners for health care. Moreover, the United Nations family has not been able to assess the extent of the GBV problem and the needed response in those areas.

Cross-border operations from Turkey and Jordan still require greater coordination among international partners to access the estimated 3 million inhabitants in the peripheral areas, a quarter of whom are women of reproductive age and who will require reproductive health services and urgent care interventions.

Monitoring the outcome of humanitarian response for IDPs residing in urban setting is still a challenge due to limited access and capacity of implementing partners to provide timely and quality reports on needs and delivery of response.

The airstrikes of the coalition are affecting access by humanitarian aid workers and increasing population displacement.

Limited funding and difficulty of access continue to be a problem.

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; 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 continuous demand for capacity building of new staff.

Increasing salaries scales among health care professionals due to high demands and competitiveness between organizations are stretching already scarce resources.

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

IRAQ

Inadequate staffing constrains GBV programming, both within UNFPA and its implementing partners, to be able to cope and

manage the complex needs in Iraq since the Mosul and Sinjar crises, which have presented new complex issues.

The GBV programme needs to assess its activities and adapt the response based on emerging refugee concerns. For example in Kawaroesk camp, observations show an increasing number of divorces among refugees in the camp due to the poor economic situation.

LEBANON

The challenge of reconciling different stakeholders' schedules, at the critical final quarter of year, has not allowed the organization of a roundtable with judges and magistrates, which was to set a standardized lawyer's manual pertaining to the recently approved domestic violence law. On another level, the same difficulties have been encountered for organizing a gender-based violence steering committee meeting, between KAFA and such organizations as the National Coalition for Legalizing the Protection of Women from Family Violence.

Political and security instability affected the implementation of some activities as well as restricted staff ability to monitor the implementation of activities at the field level.

TURKEY

Escalating regional conflict with ISIS attacks and additional fighting in Iraq and Northern Syria (Kobani) is causing dramatic displacement of populations with higher needs of humanitarian aid.

Cross-border operations need partners with developed capacity and orientation for reproductive health and GBV programming.

Synergistic integration of reproductive health and GBV programmes among all related sectors should be promoted further.

Social tension between Turkish locals and Syrian refugees is continuing to escalate in across the country.

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

Host community tensions are negatively affected by collateral damage at the border region. Sustainability issues pose a major problem as peace initiatives have not overcome conflicts.

DONORS & PARTNERS

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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, Mazloun 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).

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RELEVANT RESOURCES

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