



Twenty-five year old Laila has a son and is six months pregnant with her second child. She says, "I will teach my son the Kurdish language and one day we will go back to our home to re-build Syria", Domiz camp in Iraq. Credit: UNFPA 2013.

## HUMANITARIAN SITUATION

Three years into the conflict in Syria, women and children are paying the heaviest price. Around 9.3 million people are directly affected by the crisis, 2.3 million of whom are women and girls of reproductive age. Of the 2.5 million refugees in Jordan, Lebanon, Turkey, Iraq and Egypt, 550,000 are women and girls of reproductive age. The crisis is becoming more complicated, and the current numbers are likely to rise as more refugees are streaming across Syria's borders every week. Host communities that were already vulnerable before the crisis are being overwhelmed by serious economic and social challenges. The crisis is reaching a point of no return, with long-term consequences for women, their families and communities.

As a result of the conflict, women have been exposed to all kinds of gender-based violence (GBV), including sexual violence. Women are struggling to survive in increasingly desperate conditions, which place them at further risk.

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 with increased violence 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).

## HIGHLIGHTS

**SYRIAN ARAB REPUBLIC:** UNFPA provides reproductive health services to 14,200 women, supports Caesarean-section deliveries for 650 women through reproductive health vouchers, reaches 9,300 people in the crisis areas, delivers psychosocial support services and psychological first aid services to around 1,850 women residing in Damascus, Rural Damascus, Idlib and Homs. UNFPA provides dignity kits to 57,000 women and 16,500 men in Damascus, Rural Damascus, Idlib, Hama, Tartous and Latakia.

**LEBANON:** UNFPA distributes 700 hygiene kits and conducts 81 sessions in 17 schools, as part of interventions targeting youth affected by the Syrian crisis for healthier and more active youth, along with 98 parenting sessions.

**JORDAN:** UNFPA supports Syrian young women in Zaatari camp to produce animation videos on harassment and early marriage, which are being used as a prevention communication tool to educate Syrian refugees. A total of 2,451 Syrian refugees benefit from UNFPA-supported GBV services in 14 women's safe spaces inside the camp and in host communities and a total of 17,589 Syrian refugees benefit from community outreach activities in Zataari camp through home-to-home visits.

**IRAQ:** UNFPA-supported reproductive health clinic starts functioning in Domiz II. UNFPA supports the primary health centre in Qushtupa and the women's space in Gawilan camp for the provision of reproductive health services. UNFPA provides reproductive health services to 3,111 persons, including supporting the safe deliveries of 73 cases. A total of 1,146 pregnant Syrian women visit the reproductive health clinics in Domiz, Arbat and Kawargosek camps.

**TURKEY:** The UNFPA expands its GBV programme outside the camps and visits national and international NGOs serving Syrian refugees with psychosocial programming in Urfa, Hatay and Gaziantep provinces. UNFPA trains 20 service providers on first level psychosocial support for survivors of violence.

**EGYPT:** UNFPA provides reproductive health services to 84 Syrian women and trains 163 doctors and nurses providing reproductive health services to Syrian refugees in Egypt. The Fund distributes 1,000 copies of a training manual for primary health care units with the slogan of "better service for Egyptian citizens and the Syrian guests".

## SYRIAN ARAB REPUBLIC

Following a ceasefire agreement between the Government of Syria and the armed opposition, UNFPA participated in a joint United Nations mission to the old city of Homs, where 1,366 civilians (including 294 women) were evacuated and humanitarian aid was delivered after 600 days of siege. Those evacuated were heavily impacted by the besiegement as food, water, electricity and medical supplies were extremely scarce. UNFPA led the United Nations team mission in the second phase of the mission, focusing on protection of evacuees.

The increased violence in Rural Damascus, Deraa, Hama, Homs, Aleppo, Raqqa and Deir Ez-zor has resulted in an increased number of affected and displaced people with sporadic or no access to reproductive health services, including emergency obstetric care. Even governorates less affected by the crisis, such as Tartous and

Latakia, have been affected by the increased number of internal displaced persons which has placed a double burden on social service infrastructure, including health facilities. The in-fighting between opposition groups continues to contribute to the problems of access and jeopardizes the safety of the humanitarian actors on the ground.

There is increased concern for the protection of civilians, including women and elderly people. Among the consequences of the increased security risks for women is the greater exposure to all types of violence, including gender-based violence, and impediments to reaching reproductive health services.

UNFPA and the Syrian Arab Republic Crescent (SARC) measured the impact of psychosocial support services and psychological first aid services and of capacity-building interventions that have targeted seven shelters for displaced persons in Damascus and Rural Damascus. The initial results of the baseline assessment showed a decrease in domestic violence and subsequent psychological problems as a result of the interventions. Moreover, it showed an increased engagement of men in psychosocial support service awareness-raising sessions. The project will continue to maintain these interventions extending support to all family members while expanding to three additional shelters that require immediate attention.

A joint United Nations and government humanitarian assessment, which included a gender-based violence component, was launched in the last week of January. UNFPA facilitated sessions on GBV and gender during a workshop targeting more than 210 volunteers from the Syrian Arab Red Crescent and other local NGOs nationwide.

The recent issuance of Security Council Resolution 2139 on Syria has raised some expectations on the part of the United Nations and its ability to provide humanitarian aid through expanded cross line and cross border operations, including to besieged areas. This includes greater access for medical supplies and personnel, which have often been hindered or even prohibited. The United Nations Country Team is setting out a concerted plan for applying Resolution 2139 whereby activity would be scaled up through expanded United Nations presence in Damascus and the hubs and increasing the number of humanitarian delivery convoys and cross-line missions to besieged areas. Working with the Logistics Cluster, UNFPA has pre-deployed supplies in Erbil, Iraq (for missions to the northeastern party of Syria, including Qamishli) and its own warehouses.

The current security conditions continue to have a negative impact on the ability of public sector health facilities to meet the increasing needs of the violence-affected populations, particularly in zones of active conflict, besieged and border areas of the country. Reproductive health services are reported as not functioning properly due to staff relocation and movement as well as a severe shortage of medical supplies and medicines, including contraceptives and reproductive health commodities. Most of the private sector facilities providers have left the country. Consequently, public facilities are facing a number of challenges, including the increased number of clients beyond their capacity to absorb, along with the shortage of staff and medicine, which hinders the timely delivery of quality emergency obstetric care and other maternal health services.

From the demand side, issues of access to service and affordability of care in many of the facilities, including transportation and accommodation costs, remains a barrier to many women in the areas of conflict and displacement. Caesarean-section deliveries, especially in public health facilities, have consequently been on the rise since the beginning of the crisis, demonstrating the increased need for affordable prenatal and emergency obstetric care.

## AT A GLANCE:

### In Syria Arab Republic

**9.3 MILLION** PEOPLE AFFECTED  
**2.3 MILLION** WOMEN AND GIRLS OF REPRODUCTIVE (CHILD-BEARING) AGE  
**164,610** PREGNANT WOMEN  
**280,000** YOUTH

### In Jordan

**581,535** REFUGEES  
**150,319** WOMEN AND GIRLS OF REPRODUCTIVE (CHILD-BEARING) AGE  
**10,293** PREGNANT WOMEN  
**80,575** YOUTH

### In Turkey

**700,000** REFUGEES  
**175,000** WOMEN AND GIRLS OF REPRODUCTIVE (CHILD-BEARING) AGE  
**13,629** PREGNANT WOMEN  
**33,600** YOUTH IN CAMPS

### In Lebanon

**950,479** REFUGEES  
**213,139** WOMEN AND GIRLS OF REPRODUCTIVE (CHILD-BEARING) AGE  
**16,823** PREGNANT WOMEN

### In Iraq

**230,650** REFUGEES  
**41,400** WOMEN AND GIRLS OF REPRODUCTIVE (CHILD-BEARING) AGE  
**4,082** PREGNANT WOMEN

### In Egypt

**134,823** REFUGEES  
**33,768** WOMEN AND GIRLS OF REPRODUCTIVE (CHILD-BEARING) AGE  
**2,386** PREGNANT WOMEN

SOURCE:  
AFAD, UNHCR AND UNFPA, FEB 2014

UNFPA and its implementing partners are concerned about increasing numbers of alleged cases of GBV (despite culture norms and associated stigma), including sexual violence, as a result of the ongoing conflict and crowded displacement settings. Implementation of effective GBV prevention and response programmes that embrace international protocols requires a broader partner base and wider

## LEBANON

As of 2 January 2014, the total number of Syrian refugees recorded by UNHCR is 950,479, out of which 75,885 refugees are awaiting registration, with an average of 2,500 new persons registering each day. The total number of Syrian refugees living in Bekaa - which is considered the most affected area in Lebanon - is 318,199 registered refugees and waiting registration.

The security situation continues to be tense in most of the areas of the country where there is a large Syrian refugee presence. Several suicide bomb explosions were reported in February, two explosions rocked Hermel (Bekaa area) on 1 and 22 February and one took place in Beirut's southern suburbs on 19 February. Those explosions caused tensions in Tripoli in the North, where shooting, hand grenades and sniper acts were sporadically reported on a daily basis, which affected humanitarian movements, including those of UNFPA, to and from the North and Bekaa areas, as staff were compelled to reschedule field missions.

During the period of 8-20 February, more than 12,800 Syrians arrived in Aarsal as a result of conflict in the area of Yabroud in Syria. Currently, the Lebanese population of Aarsal stands at 35,000 while Syrian refugees in Aarsal reached 50,800 since the conflict started in Yabroud on 20 December 2013. Approximately 11 per cent of the new arrivals have settled beyond the Lebanese army checkpoint, along the border areas, where security cannot be guaranteed by Lebanese law enforcement agencies. Humanitarian partners have scaled-up outreach activities to provide information and counselling to new arrivals, who are presently scattered in over 32 informal tented settlements (ITS), collective shelters and public spaces such as mosques, halls and, sometimes, trucks.

There is a pressing humanitarian need to respond to the influx in Arsal by providing water and sanitation facilities and improving waste management to avoid potential health hazards both for the refugees and resident Lebanese.

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## 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 142,864 women, girls, men and boy.

## IRAQ

The total number of Syrian refugees in Iraq is 230,650; almost 97 per cent are concentrated in the three governorates in the northern part of Iraq - Duhok, Erbil and Suleimaniyah.

The border between the Syrian Arab Republic and the Kurdistan Region in Iraq remains open. The overall security situation in the north is stable yet unpredictable. The ongoing violence in Anbar governorate has forced more than 67,577 families out of their homes into areas inside Al-Anbar (51,000 families) as well as in other Iraqi governorates, including the Kurdistan region.

A rapid solution is yet to be seen for the military actions taking place in Anbar governorate. Recent demonstrations in Fallujah called for the Government of Iraq to allow aid supplies to enter the city, and for the military bombardments to end. Meanwhile, the bleak security situation appears to be spreading into Ninewa, Salah Al-Din and Dyala provinces.

## TURKEY

According to the Prime Ministry's Disaster and Emergency Management Presidency (AFAD), the total number of registered Syrian refugees inside camps reached 210,358, distributed in 15 camp sites in Hatay, Sanliurfa, Gaziantep, Kahramanmaras, Osmaniye, Mardin, Adana, and Adiyaman provinces, and six container sites in Hatay, Malatya, Sanliurfa, Gaziantep and Kilis. During the reporting period, 127 Syrian refugees have been admitted to regional hospitals along with their 11 companions. 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 134,823 Syrian refugees in Egypt, of which 48.8 per cent are female.

## HUMANITARIAN RESPONSE (1 - 28 FEBRUARY 2014)

### SEXUAL AND REPRODUCTIVE HEALTH, INCLUDING FAMILY PLANNING

#### SYRIAN ARAB REPUBLIC

**REPRODUCTIVE HEALTH SERVICES:** During the reporting period, UNFPA's response through the Ministry of Higher Education's maternity hospitals, the Syrian Family Planning Association and the Syrian Arab Red Crescent has facilitated access of 14,200 women to reproductive health services through the provision of reproductive health vouchers. This has included normal and emergency obstetric care and has supported Caesarean-section deliveries for 650 women.

**REPRODUCTIVE HEALTH SUPPLIES:** Through the joint United Nations convoy, UNFPA delivered reproductive health kits to health facilities and midwives that will serve over 54,000 women Damascus, Rural Damascus, and Idlib with reproductive health care, including emergency obstetric services.

Additionally, UNFPA procured emergency obstetric medicines and supplies which will enable up to 780,000 women nationwide to receive emergency obstetric services. Additionally, 120,000 women will benefit from newly procured modern family planning contraceptives.

**REPRODUCTIVE HEALTH AWARENESS SESSIONS:** UNFPA assisted the Syrian Arab Red Crescent and the Syrian Family Planning Association so that 29 GBV and reproductive health service mobile teams reached 9,300 people in the crisis areas.

**SUPPORTING HUMAN RESOURCES:** UNFPA supported 59 static clinics, medical points and mobile teams of the Family Planning Association and Syrian Arab Red Crescent through the deployment of 207 obstetricians, gynecologists, midwives, nurses and social workers.

UNFPA carried out a field mission to Tartous and Latakia on 2-3 February. The conclusions derived from this mission reinforced the need for increases in local partnerships and enhanced coordination among implementing partners, which could help address the emergency obstetric challenges.

#### LEBANON

**REPRODUCTIVE HEALTH BUILDING CAPACITIES:** Forty women (27 from refugees' community and 13 from the hosting community) were trained on reproductive sexual health issues, during the period of 20 to 28 February; the training took place at Joseph Moughaizel Library in Tebneen. The training will empower women to identify the reproductive health needs of Syrian refugees and plan for outreach activities and awareness sessions in South Lebanon/Qadaa Bint Jubeil in five villages (Safad Bateekh, Majdel Selem, Beit Yahoun, Sultanieh and Tebnin). This is part of the UNFPA and Lebanese Family Planning Association for Development and Family Empowerment (LFPADFE) capacity building project which aims to improve the reproductive health practices among Syrian refugees by empowering women community leaders and raising their awareness of reproductive health issues, including on the availability of reproductive health services in their communities.

## JORDAN

**REPRODUCTIVE HEALTH SERVICES:** A total of 8,740 women and girls of Syrian women benefited from UNFPA-supported reproductive health services, including family planning (3,112), ante-natal care (3,023), post-natal care (695), sexually transmitted infection management (2,426), safe delivery (105), and other gynecological services (1,837).

During the reporting period, high numbers of vaginitis cases have been diagnosed through mobile medical unit visits carried out by the International Medical Corps and UNFPA in the Jordan Valley. The team reported that the reason behind the high reported numbers was due to the lack of resources for proper hygiene and the lack of hygiene education.

**REPRODUCTIVE HEALTH SUPPLIES:** Thirteen reproductive health kits were distributed to the NGOs Mediciens du Monde, Un Ponte Per, Aman Association and the Islamic health centre to cover the needs of 180,000 persons for a one- to three-month period of time. These kits include condoms, post-rape treatment, oral and injectable contraceptives, treatment of sexually transmitted infections, clinical delivery assistance, and intrauterine devices.

**REPRODUCTIVE HEALTH AWARENESS SESSIONS:** UNFPA and its partners held training session on pre-natal care, family planning and medical examinations targeting 1,949 women, girls, men and boys in communities and in the camps.

**SUPPORTING HUMAN RESOURCES:** UNFPA expanded the services in the static camp clinics, community-based static clinics, and mobile units by recruiting gynecologists, midwives, nurses, social workers, and managers.



School girls receiving awareness sessions on early marriage, Cyber City camp, Jordan. Credit, UNFPA 2014.

## IRAQ

**REPRODUCTIVE HEALTH SERVICES:** UNFPA provided reproductive health services to 1,991 Syrian women in the UNFPA reproductive health clinic in Domiz camp in Dohuk. A total of 1,466 women received antenatal care, 66 women received postnatal care, 170 received family planning services, and 1,821 gynecological cases were diagnosed. UNFPA provided reproductive health services to 1,120 Syrian refugee women in Darashakran in Erbil (approximately 40 patients per day).

**SUPPORTING THE SAFE DELIVERY OF NEW BABIES:** A total of 222 pregnant women visited the reproductive health clinic in Domiz camp, more than 700 pregnant women visited the Kawargosek reproductive health clinic in Erbil (an average of 25 patients per day) and more than 224 pregnant women visited Arbat reproductive health clinic in Suleimaniyah (an average of 8 patients per day). During the month of February, UNFPA supported the safe delivery of seven cases and referred six cases to Erbil hospitals and supported the safe deliveries of 66 cases in Domiz camp in Dohuk (38 had safe deliveries at the reproductive health clinic and 28 at home; of the total, 18 pregnancies were classified as high risk and seven of these had Caesarean-sections).

**REPRODUCTIVE HEALTH SUPPLIES:** A total of 161 dignity kits were distributed to Syrian pregnant women in the Darashakran camp.



Syrian refugee women receiving dignity kits from UNFPA-supported reproductive health centre in Darashakran camp in Iraq. Credit, UNFPA 2014.

## EGYPT

**REPRODUCTIVE HEALTH SERVICES:** During the reporting period, a total of 84 Syrian refugees benefited from the reproductive health services in the primary health care units, including capacity building.

**MAPPING NATIONAL ORGANIZATIONS PROVIDING SERVICES TO SYRIAN REFUGEES:** UNFPA conducted field assessment visits on 23-25 February to Obour City, Qalioubia, and 10th of Ramadan, Al Sharkia, where most Syrian refugees are living, to map and identify all humanitarian organizations working to provide services for Syrian refugees and explore opportunities for collaboration.



Doctors and nurses working in primary health care units serving Syrian refugees participating in training workshop organized by UNFPA in n Bolak El Dakror General Hospital in Egypt. Credit, UNFPA 2014.

**REPRODUCTIVE HEALTH TRAINING:** UNFPA in collaboration with the Ministry of Health conducted a training course from 9 - 12 February for 91 doctors and nurses working in primary health care units serving Syrian refugees in Bolak El Dakror General Hospital, Giza, aiming to update the health care providers with the magnitude of the Syrian crisis, patients' rights, refugees' rights, family planning practices, GBV case management, and provision of medical, legal and psychological services for GBV survivors. In addition, the participants discussed challenges facing Syrian refugees seeking medical services.

UNFPA in collaboration with the Ministry of Health conducted a training course on 19 - 20 February, 2014 for 34 doctors and 38 nurses working in primary health care units serving Syrian refugees in Mansoura. The main objective of the training was to enhance their skills on GBV case management skills, family planning and the right to health.

**REPRODUCTIVE HEALTH EDUCATIONAL MATERIALS:** UNFPA developed and distributed 1,000 copies of a training manual for primary health care units under the slogan of "better service for Egyptian citizens and the Syrian guests" to doctors and nurses providing reproductive health services to Syrian refugees in Egypt.



Training manual for primary health care units under the slogan of "better service for Egyptian citizens and the Syrian guests". Egypt. Credit: UNFPA, 2014.

## GENDER EQUALITY AND WOMEN'S EMPOWERMENT

### SYRIAN ARAB REPUBLIC

**GENDER-BASED VIOLENCE SERVICES:** UNFPA assisted Syrian Family Planning Association and Syrian Arab Red Crescent clinics and mobile teams in the affected areas to continue to offer different GBV counseling services, including medical examination and referrals, psychosocial support services support and legal advice.

During the reporting period, UNFPA-assisted Syrian Arab Red Crescent and Family Planning Association mobile teams and clinics to deliver psychosocial support services and psychological first aid services to around 1,850 women residing in the affected areas of Damascus, Rural Damascus, Idlib and Homs.

In this reporting period, 750 women were screened for GBV, 360 of whom received free-of-charge medical examination and social counseling and legal advice through Family Planning Association clinics in Damascus and Rural Damascus.

**GENDER-BASED VIOLENCE TRAINING COURSE:** Reducing psychosocial stress among women and health care providers is also a priority programme focus for UNFPA and implementing partners. As such, UNFPA and UNRWA organized an event distributing certificates for 320 UNRWA professionals, who are serving the violence-affected people in the country, upon completion of a series of trainings on psychosocial support services and psychological first aid.

**GENDER-BASED VIOLENCE MATERIALS DEVELOPED:** In cooperation with implementing partners, UNFPA provided dignity kits to 57,000 women and 16,500 men in Damascus, Rural Damascus, Idlib, Hama, Tartous and Latakia. The kits, which include hygiene products and undergarments, help to preserve the dignity of women and their families. For many of the displaced receiving UNFPA kits the products assist women and men to take part in activities in their communities and maintain good personal hygiene, which is often difficult in the crowded and resource-constrained environments of many of the shelters and host communities.

### LEBANON

**ESTABLISHMENT OF NEW PARTNER:** A new contract was signed with Heartland Alliance to continue disseminating information material about GBV referral pathways on behalf of the SGBV Task Force. In 2013, the focus was to inform social workers in Social Development Centers and refugee outreach volunteers. In 2014, information dissemination primarily targets staff in various NGOs, INGOs and other sectors through working group meetings to get multi-sectoral knowledge about GBV services. In February, trainings were held for case managers and frontline staff at Terre des Hommes and INTERSOS. Collaboration with SHEILD continued into the year. Three social workers from that NGO and the Social Development Centers followed up by organizing information sessions to Syrian and Lebanese women in the South on basic life skills and problem-solving techniques.

**GENDER-BASED VIOLENCE SUPPLIES:** During the month of February, UNFPA distributed 500 hygiene kits to the Lebanese Family Planning Association for Development and Family Empowerment (LFPADFE), 200 hygiene kits to the NGO KAFA and 4,112 sanitary pads to the Danish Refugee Council.

### JORDAN

**GENDER-BASED VIOLENCE PREVENTION AND RESPONSE SERVICES:** A total of 2,451 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 include case management, psychosocial support, and legal representation, recreational classes and activities, youth activities, GBV campaigns, and GBV awareness activities.

**OUTREACH COMMUNITY ACTIVITIES:** During the reporting period, a total of 17,589 women, girls, men and boys have been reached by community outreach volunteers in Zataari camp through home-to-home visits, community outreach training, refugee committee and women associations' trainings on GBV. UNFPA and the International Rescue Committee are working to engage the refugee community directly in GBV risk identification and mitigation activities.

**GENDER-BASED VIOLENCE TRAINING COURSE:** On 19-20 January, in Amman, UNFPA organized a training course on GBV prevention and response services for 37 (18 women, 19 men) frontline staff working in UNFPA-supported Un Ponte Per/Jordanian Women's Union centres.



Beneficiaries participating in a recreational activity in the Un Ponte Per (UPP) / Jordanian Women Union (JWU) Zarqa centre. Credit: UNFPA, 2014

UNFPA in cooperation with the International Medical Corps (IMC) conducted on 8 - 9 January a working session on "Enhancing gender sensitive health services and development of gender-based violence (GBV) and protection messages". The working session was made up of two, one-day sessions for two groups, both including 28 IMC staff (13 case managers and 15 health staff) and focused on gender as a determinant of health for women and men. The session also emphasized how approaching health from a gender perspective and an understanding of GBV contributes to better health and protection outcomes for women, girls, boys, and men by taking into consideration their unique needs.

Five IMC/UNFPA case managers attended standard operating procedures (SOP) training in line with UNFPA recommendations. After the training, three case managers joined mobile medical units (MMU) during the last week of January. All five case managers will be accompanying MMUs starting in February. Through the MMUs, these case managers will be providing mobile protective services by referring cases to IMC's static protection sites and other needed services, using health as a gateway to identify vulnerable cases. Upon the opening of Azraq Camp, these case managers will work in the women friendly spaces supported by UNFPA.

**SUPPORTING HUMAN RESOURCES:** UNFPA's implementing partners UPP/JWU, IFH, IMC, IRC are all supported according to annual workplans and detailed projects with some human resources including, for example, psychologists, social workers, case managers, and project managers.

## IRAQ

**GENDER-BASED VIOLENCE SERVICES:** In February, more than 450 women and girls benefited from services of Nergiz and Yassmin women's spaces in Erbil and Duhok, and 1,500 women and girls benefited from social activities organized by UNFPA women spaces as entry points to address the concerns of women and girls in the refugee community in the Kurdistan region in Iraq.

The women spaces continue to provide support to women through various basic supports and referral services: 8 women and girls received counseling sessions and 13 cases were followed up in Domiz camp while 54 women and girls received psychosocial support and four GBV cases were identified and followed up in Nergiz centres.

**GENDER-BASED VIOLENCE TRAINING:** A total of 564 Syrian women benefited from 32 information sessions conducted in the six Nergiz centres and Domiz camp and 250 women and girls benefited from recreational activities such as sewing, knitting, make-up and English courses, which was again a platform for awareness rising on GBV and reproductive health issues.

**OUTREACH COMMUNITY ACTIVITIES:** a total of 5,870 Syrian families have been reached in Domiz, Kawargosek, Darashakran and Basirma camps by 90 volunteers with various messages on GBV, early marriage and pregnancy and family planning as well as information promoting the UNFPA-supported women's social space and the health facility within the camp.

## TURKEY

**GENDER-BASED VIOLENCE SERVICES:** During the month of February around 10 Syrian women received gender-based violence services.

**OUTREACH GENDER-BASED VIOLENCE VOLUNTEERS/ACTIVITIES:** UNFPA conducted two women's committee meetings with the participation of 26 Syrian refugee women in the camps and organized a workshop for 35 Syrian volunteer teachers (25 men and 10 women) on prevention and intervention in violence for Syrians in Turkey.

A total of 50 women and children participated in community awareness raising events inside Nizip1 camp.

**GENDER-BASED VIOLENCE TRAINING COURSE:** a total of 20 social workers and psychologists from AFAD and the Ministry of Family and Social Policies have been trained on 3-7 February in Ankara on first stage trauma support for survivors of violence.



UNFPA GBV team meeting Syrian refugee men in Nizip1 camp in Turkey. Credit: UNFPA, 2014.

## SUPPORTING ADOLESCENTS AND YOUTH

### LEBANON

**JOINT YOUTH ASSESSMENT:** The second draft of the joint youth assessment report was completed in February. Discussions took place among partners to validate the final draft of the report and to agree on modalities of dissemination.

**INTERVENTIONS TARGETING YOUTH AFFECTED BY SYRIAN CRISIS FOR HEALTHIER AND MORE ACTIVE YOUTH:** During the reporting period, 81 sessions were conducted in 17 identified schools, 98 parenting sessions were implemented reaching out to 456 women, and three additional community lectures were conducted in Borj Hammoud (120 participants), Chiyah (40 participants) and Jounieh (27 participants).

### JORDAN

**YOUTH ACTIVITIES:** A total of 369 youth (75 girls, 108 women, 58 boys, 128 men) participated in psychosocial recreational activities in camps. In addition, 31 per cent of the GBV prevention and response activities were targeted at youth aged 18-24, and 29 per cent of reproductive health services were targeted at youth aged 18-24.

**YOUTH AWARENESS SESSIONS:** Several awareness sessions took place in refugee camps on reproductive health related issues, GBV, and other soft skills including self-respect, anger management, and self-realization. The objective is to create a youth-friendly environment in these camps, a safe space enabling youth to engage in positive actions.

**YOUTH/GBV MATERIALS DEVELOPED:** Animation videos on harassment and early marriage produced by Syrian girls were finalized. The videos are an outcomes of animation workshop organized for young Syrian girls at the end of 2013. These videos are now used as a prevention tool for the surrounding community.

Early marriage: [http://www.youtube.com/watch?feature=player\\_embedded&v=ZKRDOZIX0Hk](http://www.youtube.com/watch?feature=player_embedded&v=ZKRDOZIX0Hk)

Harassment: [http://www.youtube.com/watch?v=\\_wPHITrzxfc&feature=player\\_embedded](http://www.youtube.com/watch?v=_wPHITrzxfc&feature=player_embedded)

A Saudi delegation from the Ministry of Education visited Jordan on 3-5 February to learn about the national Y-PEER network and the experience of UNFPA humanitarian response to Syrian crisis, with special focus on youth programmes in Zaatari camp.



UNFPA co-chairing in the first national meeting for youth actors in Jordan. Credit: UNFPA, 2014.

### IRAQ

**ESTABLISHMENT OF YOUTH SPACES:** UNFPA started the construction of youth friendly spaces in Kawargosek, Basirma and Darashakran camps in Erbil.

**YOUTH ACTIVITIES:** In the Domiz refugee camp, a total of 77 youth (41 girls, 36 boys) participated in four peer education sessions during the reporting period. The sessions covered various issues such as sexual and reproductive health, HIV/AIDS, violence against women and gender roles.

Volleyball and music courses kicked off at the youth-friendly space in the Domiz Camp and more youth enrolled in the courses. An exhibition of artwork produced by young people including paintings, handcrafts and calligraphy is taking place in the youth-friendly space in Domiz Camp.

Youth volunteers have organized and performed in a theatrical play, which took place in the youth space and was attended by large crowds of youth in Domiz camp.



Syrian youth participating in UNFPA-supported activities in Domiz camp, Iraq. Credit: UNFPA, 2014.

## COORDINATION AND CAPACITY BUILDING

### SYRIAN ARAB REPUBLIC

UNFPA facilitated a coordination meeting with Syrian Arab Red Crescent branches in the governorates, the Syrian Family Planning Association, Syrian Association for Health Promotion and Development (SAHPAD) and the International Medical Corps to identify the needs of Syrian Arab Red Crescent branches and address the challenges facing timely and effective humanitarian response for reproductive health and GBV. The event helped to facilitate exchange of information and coordination among local NGO partners.



UNFPA meeting with Syrian Arab Red Crescent team in Homs, Syrian Arab Republic. Credit: UNFPA, 2014.

## LEBANON

UNFPA participated in clinical management of rape survivor (CMR) sub-committee meeting on 7 Feb and committed to provide 15 health facilities with reproductive health kits.

UNFPA and the American University of Beirut conducted field assessments for three service delivery points: Terbol primary health care centre in Bekaa, Welfare Association primary health care centre in the South and Karagozian primary health care centre in Mount Lebanon.

UNFPA has concluded an agreement with the School of Nursing to roll out a training package to service providers on family planning counseling. The activities are expected to kick off in early March.

On February 26, the SGBV task force met for a one-day retreat to discuss the strategy, terms of reference, coordination and priority activities for 2014 to improve the quality of services provided. UNFPA organized a GBV coordination meeting end of February to discuss 2014 priority issues, status of ongoing and pipeline projects and enhanced coordination.

United Nation and its implementing partners created an e-mail address (da3m.lb@one.un.org) for reporting cases of sexual abuse and exploitation. Complaints will be treated confidentially and referred to the relevant agency or inter-agency focal points for follow-up and proper investigation.

## JORDAN

UNFPA co-chaired the bi-monthly GBV sub-working group coordination meeting on 11 February. The group revised the SGBV workplan for 2014, agreed on coordination needs assessment mechanisms, and reviewed vulnerability indicators. They brainstormed and prioritized their focus in 2014 as follows: refugees isolated in the home, domestic work and agriculture, engagement and community mobilization of men and boys, safe livelihoods to reduce risk of GBV, GBV risks for persons with disabilities and their care givers.

UNFPA chaired the monthly national reproductive health meeting in Amman on 26 February, discussed reproductive health services mapping in Jordan, reproductive health services offered in Emirati-Jordanian camp by the national Institute of Family Health, and the terms of reference for the reproductive health group.

UNFPA chaired the reproductive health coordination meetings in Zaatari camp on 5 and 19 February. The members discussed reproductive health message posters, data collection tools (ante-natal care card), and reproductive health service providers.

UNFPA co-chaired the first national meeting for youth actors, where they discussed the roles and responsibilities of partners engaged in youth programming as part of the Syrian crisis response to discuss youth-related issues, opportunities, coordination, challenges and gaps.

A delegation from the Norwegian Embassy (donor), UN Women, UNICEF, and UNFPA visited Zarqa on 12 February to see the services offered to Syrian refugees at the women's centre such as literacy activities, breast cancer awareness session, reproductive



From left: JWU Women Centre manager, UN Women Representative, UNFPA Interim Assistant Representative, a beneficiary of the centre, and the Norwegian Ambassador to Jordan visiting the JWU women centre in Zarqa. Credit: UNFPA, 2014.

health clinic, and recreational activities. The delegation discussed the project on GBV survivors, "Hemayati", which aims to promote women and girls' health and well-being as well as to increase GBV survivors' access to comprehensive lifesaving protection services including health, psychosocial and legal services in four areas in Jordan (namely Zarqa, Irbid, Amman, and Mafraq). During the visit, the Norwegian delegation generously announced that it would extend the project funding for one year.

## IRAQ

UNFPA has attended and co-chaired one GBV coordination meeting, one protection meeting and participated in a workshop on inter-agency protection strategies for 2015. Moreover, UNFPA has participated in three protection meetings at camp level in Kawarosek and Darashakran in Erbil, one GBV meeting in Dohuk and a partners meeting in Dohuk on early marriages.

As co-chairing agency with UNCHR, UNFPA continues to contribute to the development of standard operation procedures for prevention of and response to GBV in emergencies in Iraq, notably with participation in the workshop on the gender-based violence information management system (GBVIMS).

## TURKEY

Coordination visits to several national and international NGOs were conducted between 11-14 February. The UNFPA-GBV team met with representatives of the International Medical Corps (IMC), Danish Refugee Council (DRC), Support to Life (STL), International Rescue Committee and International Middle East Peace Research Centre (IMPR) to build relationships and to better understand the scope of psychosocial services being provided

## EGYPT

UNFPA held a coordination meeting with Save the Children on 4 February to discuss UNFPA's interventions, the national GBV protocol with the Ministry of Health, and to explore possible collaboration in the areas of reproductive health and GBV.

UNFPA signed a memorandum of understanding with the NGO FARD Foundation on 5 February to organize activities for Syrian refugee women and youth in Egypt such as sport and awareness activities, aiming to better integrate them with the community, identify community leaders, and raise their awareness on health issues and available services.



In Nizip1 camp, Turkey, women and girls continue to be in need of support and protection services. Credit: Rula Mahasneh, UNFPA, 2014

## CHALLENGES

### SYRIAN ARAB REPUBLIC

UNFPA and its implementing partners continue to be concerned about the ability of women to report GBV incidents and receive appropriate services, especially in the areas of active conflict and besiegement of Rural Damascus, Homs, Hama, Deir Ez-zor and Aleppo.

Increased and unpredictable violence across Syria has led to disrupted transportation links and increased associated costs for procured reproductive health commodities. Warehousing is another concern when transportation to the final destination (e.g., hospital, NGO or governorate) is difficult or disrupted. Quicker and more efficient means of ensuring that products reach the end destination are critical.

Though a number of local NGOs have been newly accredited, none are equipped to provide the kind of specialized assistance that UNFPA requires, particularly for medical reproductive health services and GBV prevention and response. More coordination is taking place to allow a greater number of qualified international NGOs working in UNFPA's mandated areas to operate inside the country in order to scale up the response.

### LEBANON

The issue of access to unregistered Syrians detained remains a challenge and a problematic issue.

The 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.

### JORDAN

Uncertainty about the opening of the new camp in Azraq is causing challenges in planning and implementation of UNFPA's programme.

Reaching out to Syrian refugees in urban communities in different areas and planning programmes with uncertain figures concerning new arrivals remain a challenge.

### EGYPT

Many of Syrian refugees as well as Egyptian health workers are not aware of the refugee's right of receiving health services at health care units. Some of the units lack experienced staff while others have a shortage in supplies and equipment.

### TURKEY

There is still a challenge to address gender-based violence inside the camps and in host communities due to denying the existence of the problem by authorities and communities.

## DONORS

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

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



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