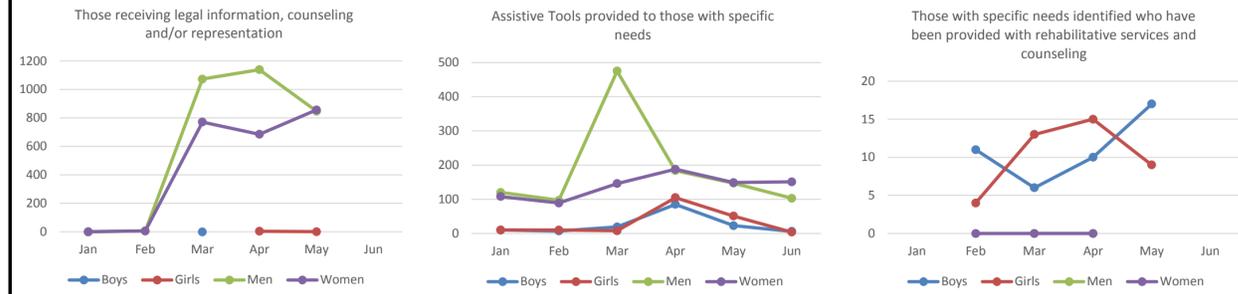


**PROTECTION**

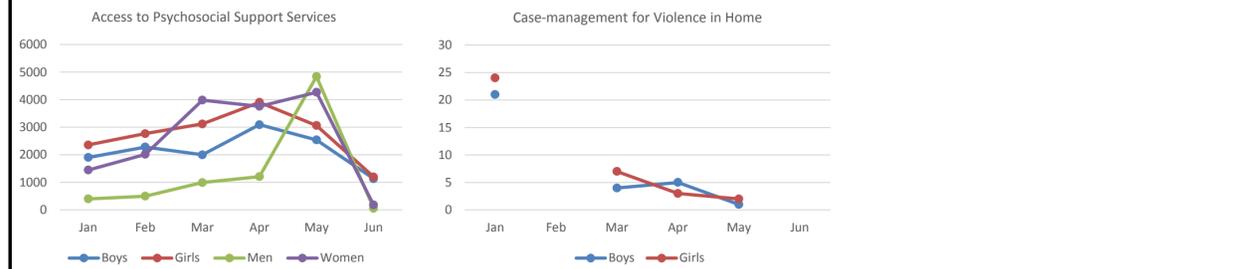
**Protection**

Men are more likely to access legal information, counseling and/or representation than women outside of the camps. Little difference between men and women or girls and boys accessing assistive devices: more adults accessed the devices than children. Children received more rehabilitative services and counseling than adults.



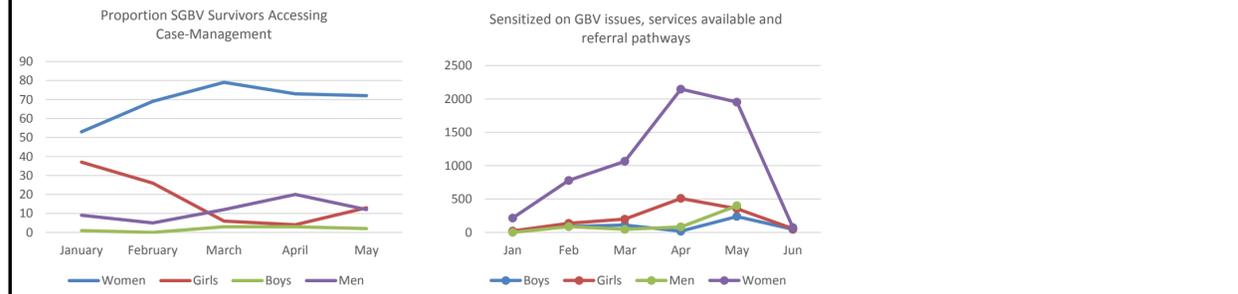
**Child Protection**

Girls access CFSs and YFSs more than boys, although the difference is not as stark as in the camps (126%). There are similar rates of boys and girls as there are women involved in psychosocial activities. Men are least likely to be engaged. 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**

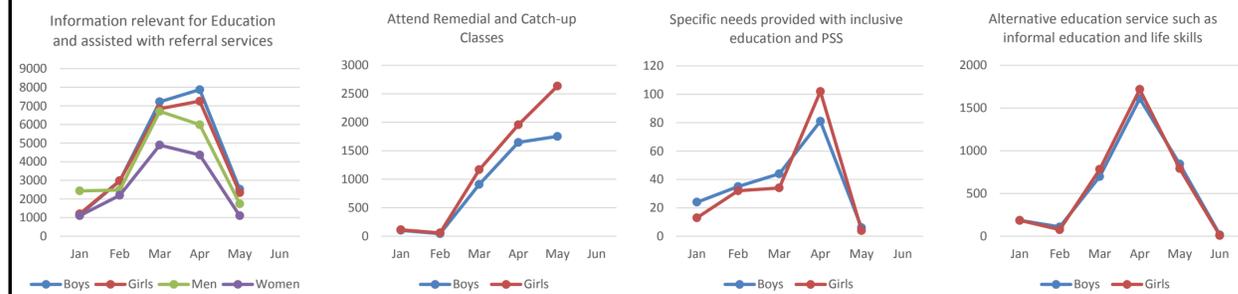
Women are by far the dominant users of the case-management services. Girls use these services to a limited extent: this is not consistent with data about needs. Men started to use these services in small numbers; and boys rarely use the services. Women are the primary target of awareness campaigns about SGBV issues, available services and referral pathways. Girls, boys and men were engaged at similarly low rates.



**EDUCATION**

**EDUCATION**

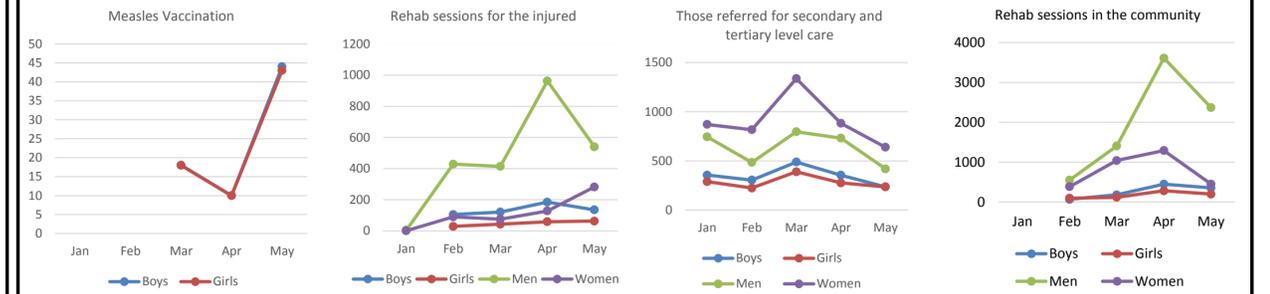
Children are more likely to be targeted with this information about education and referral pathways than adults. Boys and girls receive remedial assistance at equitably. Boys and girls attended informal education at similar rates. Boys consistently have higher attendance than girls in alternative education classes. Boys and girls with disabilities accessed primary education at similar rates.



**HEALTH**

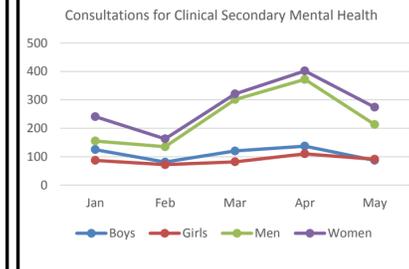
**Health**

Exactly the same proportion of Syrian boys and girls were vaccinated against measles outside of the camps. This seems odd given that there are more boys registered than girls: either proportionally more of the registered refugee girls were vaccinated or the proportions were allocated on principle. Women are most likely to be referred to secondary and tertiary care services. Adults are more likely than children to be referred (this is consistent with rates of pathologies). Boys were referred more than girls. Syrian men were predominantly provided with rehabilitation sessions, then boys, women and girls. This is consistent with the rates of physical injuries from war. Rehabilitation services were provided predominantly to men in the home, then women, then to a certain extent boys, then girls.



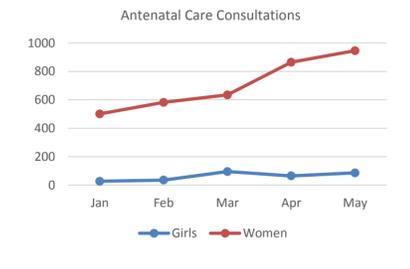
**MPHSS**

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.



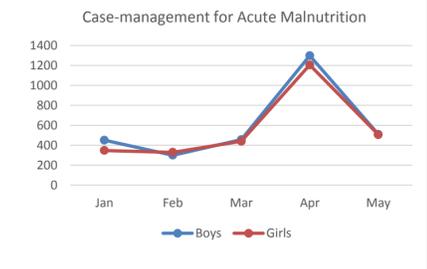
**Reproductive health**

Many more women than girls access antenatal care outside of the camps. This is consistent with incidence 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.



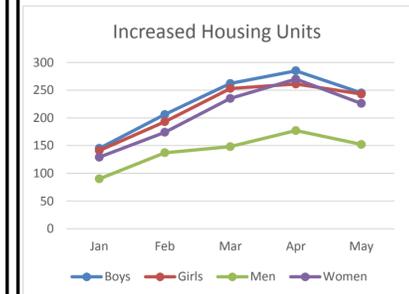
**Nutrition**

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



**SHELTER**

The rates of access look very similar to those of rates of registration. No capacity to measure the success of targeting of households headed by women and girls.



**NFIs**

The rates of distribution look very similar to that of rates of registration, with the exception of the distribution of sanitary pads.



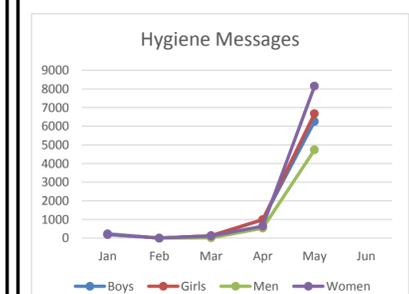
**FOOD**

More girls than boys received SuperCereal Plus



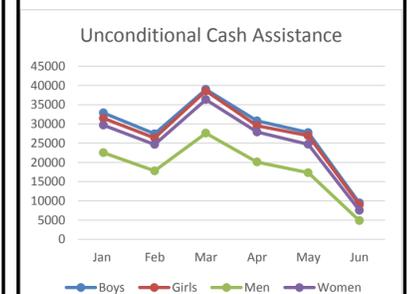
**WASH**

In May, women, girls, boys then men were targeted with campaigns about hygiene messages.



**CASH**

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



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

