

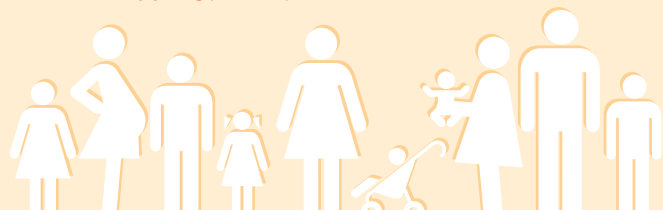


Syrian refugee Samar, aged 39 years, stands at the window of her rented apartment in Al Marj in the Bekaa Valley. Fleeing the trauma of the Syrian war in Damascus, all alone with her five children, life has been a struggle for her as she tries to put food on the table and pay the rent. Many lone Syrian women are vulnerable to sexual exploitation and harassment or the expectation of trading sexual favours in exchange for aid. When Samar asked a local charity for help, she was expected to go for "a coffee" with the man who runs it. Knowing what this implied, she refused. The man in charge of the charity, in turn, refused to help her. Samar and hundreds of lone women like her are helped through UNFPA-supported listening and counseling centres where they are empowered to stand up against gender-based violence and gain the skills to become economically independent.

Credit: Sharron Ward | UNFPA, 2015

UNFPA believes that every Syrian woman and girl has the right to have access to affordable reproductive health care and be effectively protected from gender-based violence. UNFPA and partners are scaling up efforts to empower and improve the lives of Syrian women and youth and impacted communities in host countries, including by advocating for human rights and gender equality, to better cope with and recover from the crisis.

UNFPA: Delivering a world where every pregnancy is wanted, every childbirth is safe and every young person's potential is fulfilled.



HIGHLIGHTS

SYRIAN ARAB REPUBLIC

UNFPA delivers 64,815 reproductive health services to 21,200 women, while around 1,000 women benefit from the UNFPA voucher system in Damascus, Rural Damascus, and Aleppo. UNFPA, in collaboration with the Ministry of Social Affairs and Syrian Family Planning Association (SFPA), inaugurates a new reproductive health clinic and women's safe space in Al Hamidiyeh and HabNemra in the old city of Homs. UNFPA also distributes dignity kits to 21,433 women and 864 men residing in Bloudan and Homs.

LEBANON

UNFPA organizes a nine-day training programme on family planning, maternal health, and sexually transmitted infections for a group of 40 women from eight villages. UNFPA, in partnership with KAFA's listening and counseling centre, provides services to 96 Lebanese and Syrian women gender-based violence survivors and holds follow-up sessions for 90 women. It also provides 84 psychological consultations to 25 Lebanese and Syrian survivors, while providing other referral services to eight survivors.

JORDAN

UNFPA provides more than 13,020 reproductive health services and more than 200 safe deliveries to women in the supported health facilities. A total of 686 gender-based violence survivors benefit from the UNFPA-supported services and 3,703 women, girls, men and boys are directly sensitized on gender-based violence issues, services available and referral pathways. More than 3,000 Syrian and Jordanian boys and girls participate in UNFPA-supported activities in host community and in camps.

IRAQ

UNFPA establishes two women's safe spaces in Domiz 2 and Gawilan camps and a youth space in Gawilan camp. A total of 6,666 women benefit from reproductive health services in 18 locations inside camps and in host communities in Erbil, Dohuk, and Sulaymaniyah. A total of 59 youth participate in basic peer education training while 172 young girls and boys participate in different kinds of activities in Domiz 1 and Gawilan camps.

TURKEY

UNFPA conducts the minimum initial service package (MISP) and emergency obstetric care training. It also distributes 20,050 hygiene kits in six provinces and 77 reproductive health kits in Urfa and Suruç camps, covering the needs of 100,000 persons. Moreover, it develops 10 brochures on antenatal care, postnatal care, newborn care, nutrition during pregnancy, safe delivery, family planning, infant nutrition, sexually transmitted infections, and hand-washing. A total of 3,333 Syrians benefit from reproductive health services.

EGYPT

UNFPA supports 20 sessions for 207 women and girls in Damietta, covering topics on reproductive health and gender-based violence. In 6th October City, 35 girls receive life skills training in the UNFPA-supported safe space. In Alexandria, 22 physicians are trained on emergency neonatal and obstetric care, while in Damietta and Cairo, 20 physicians at public primary health care units receive training on gynecological ultrasound. UNFPA supports the establishment of a new women and girls safe space in Cairo, targeting over 2,000 Syrian women and providing multi-sectoral gender-based violence services.

Millions of Syrians have been forcibly displaced internally or into the surrounding region as a result of persecution and conflict, as well as human rights violations. They have been condemned to a life of misery in the worst-ever displacement crisis since World War II. The world commemorated World Refugee Day on June 20, shedding light on the scale of Syria's protracted conflict that is expanding geographically and showing no signs of abating.

The Syrian conflict is taking on dramatic proportions. Due to the interlinked crises in Syria and Iraq as many as 14 million people have been forced out of their homes, their families ripped apart and forced to flee in search of safety and protection. Five million displaced women are in dire need to lifesaving assistance. The hope of returning to their homes is dwindling amongst Syrian families. Yet, even though they are exhausting their resources, struggling to find employment,

and facing difficulties with the high cost of living in the region, they are determined to survive and rebuild their lives. Host countries that are struggling to provide basic needs to their own citizens continue to receive refugees. Humanitarian agencies are trying to carry on and sustain their life-saving interventions in spite of funding shortfalls

In an effort to boost the global fight against the horrors faced by women and girls in zones of conflict worldwide, the United Nations General Assembly approved, by consensus, a new resolution to commemorate June 19 as the International Day for the Elimination of Sexual Violence in Conflict. The International Day, which will now be observed annually, will aim to raise awareness of the need to end conflict-related sexual violence and to urge the international community to stand in solidarity with the survivors of sexual violence around the world.

HUMANITARIAN SITUATION



Iman, a 28 year-old social worker at Deir Alla in Jordan said: "Most people who seek advice and support at the centre are suffering from the crisis, both economically and socially, but it affects all areas of their daily life." Iman works with vulnerable Syrian refugee women at the Women's Centre in Deir Alla.

"Trust is the foundation of our success. I use everything at my disposal to provide the best possible support to Syrian women as they have been and still are passing through a very tough time. The work can be exhausting because the women have experienced a lot of sorrow. I work hard to offer protection and give strength to them for the future. Their smile is my reward."

Credit: David Brunetti | UNFPA, 2015.

SYRIAN ARAB REPUBLIC

Military operations continued to intensify in several governorates including Rural Damascus, Idleb, Dar'a, Aleppo, Hasakah, and Deir ez-Zor. Political and security conditions remained volatile, limiting access to life-saving reproductive health and gender-based violence related services.

The limitation of household income, coupled with increasing prices of commodities including food items, placed an extra burden on Syrian families struggling to cope with the ongoing crisis and exposed many women and girls to different forms of gender-based violence. The deteriorating security condition is affecting the ability of UNFPA and other stakeholders to access and deliver timely humanitarian aid to affected areas through humanitarian convoys.

With 100 professionals from government and non-governmental entities in participation, the Syrian Commission for Family Affairs and Population, supported by UNFPA, launched the results of a research paper on 'Preliminary Estimation of the Impact of the Crisis on Population Status in Syria' and shared recommendations in different sectors, including health and education, to address the changed demographic population trends. The report revealed that crisis affected negatively the demographic and health indicators. Due to several demographic factors, including reproductive behaviors, migration and increased deaths, the population growth rate turned negative to be -0.9 percent during the period 2011-2014 and the maternal mortality ratio continued to rise, reaching 65 deaths per 100,000 live births in 2014. The report also identified key challenges affecting youth, such as poor social integration, limited education and employment opportunities and the possibility of girls' exposure to gender-based violence by the ideologies of radical groups.

LEBANON

The Lebanese Minister of Social Affairs declared that UNHCR's proposal to build medium-sized camps on Lebanese territory (with a capacity to host 20,000 Syrian families) is not a priority for the Lebanese government. The Minister explained that the Government's

priority is to work on reducing, to the extent possible, the number of refugees, and that additional measures would be introduced and adopted soon, based on a working paper to be passed by the government. Under the new measures the country will only accept refugees who come from bordering cities, and who are proven to have fled in the face of serious threats. UNHCR reported during June that an initiative to relocate Syrian refugees from their host countries to third countries willing to provide permanent residency will also commence.

From the security perspective, confrontations continued during the month of June in northern Qalamoun, and on the eastern outskirts of the Lebanese border town of Aarsal. Lebanese forces have regained control over the majority of the heights, and relative stability in the bordering Bekaa towns was noted.

JORDAN

The conflict in the Middle East has left Jordan shouldering a heavy load in relation to refugees. The crisis has led to an increasing number of refugees crossing the borders into Jordan, seeking refuge from Iraq, Yemen, and Syria.

During the reporting period, the number of refugees in the Azraq camp increased to 20,105 individuals (females: 49.4 percent; males: 50.6 percent). Likewise, the Zadari camp is hosting around 81,405 refugees, 50 percent of whom are females.

IRAQ

As of June 15, according to UNHCR, Iraq hosts more than 249,656 Syrian refugees; the majority (44.9 percent) live in Erbil, followed by Dohuk (39.9 percent), and Sulaymaniyah (12.1 percent) while the rest are scattered in other governorates. About 62 percent of the refugees live in urban areas while 38 percent live inside camps. Most of the Syrian refugees in Iraq (57 percent) have their origins in Hasakah, followed by Damascus (25 percent) while the rest are from different places in Syria.

A year has passed since the start of the most massive internally displaced persons (IDP) crisis in Iraq. According to OCHA, there are 2.8 million IDPs now, of whom 1.5 million live in conflict-affected areas. The IOM's Displacement Tracking Matrix (DTM) team has verified that from May 15 to June 15, a total of 25,697 families or 154,182 people have been displaced from Ramadi District as a result of ongoing clashes in Anbar Governorate. Preliminary data show that out of the total number of IDPs, around 900,000 are women of reproductive age (15-49 years), and around 350,000 are adolescent girls (13-18 years). Moreover, due to the nature of the armed conflict in Iraq, an estimated 10-15 percent of the displaced families are female-headed households.

TURKEY

A chain of national and regional events impacted the pace of humanitarian work throughout Turkey; these events included the national elections, deteriorating security situation of the region, and the start of the holy month of Ramadan. The provinces of Kobane, Hasakah, and Tal Al-Abiad have witnessed armed conflicts that resulted in more internal displacement and massive daily influx to Turkey. According to the Directorate General of Migration Management (DGMM) of the Ministry of Interior, the newly registered Syrian refugees stood at 20,997, taking the total number of registered refugees to 1,779,805. The estimated unofficial number of Syrians in Turkey is 2,000,000. Add to that, the number of refugees

QUICK FIGURES

SYRIAN ARAB REPUBLIC:

SYRIANS AFFECTED BY THE CRISIS	12.2 MILLION
WOMEN AND GIRLS OF REPRODUCTIVE AGE	3.1 MILLION
YOUTH	4 MILLION

LEBANON:

SYRIANS AFFECTED BY THE CRISIS	1,174,690
SYRIAN WOMEN AND GIRLS OF REPRODUCTIVE AGE	298,036
SYRIAN PREGNANT WOMEN	20,792
SYRIAN YOUTH	212,003

JORDAN:

SYRIANS AFFECTED BY THE CRISIS	629,128
SYRIAN WOMEN AND GIRLS OF REPRODUCTIVE AGE	153,033
SYRIAN PREGNANT WOMEN	11,135
SYRIAN YOUTH	130,989

IRAQ:

SYRIANS AFFECTED BY THE CRISIS	249,656
SYRIAN WOMEN AND GIRLS OF REPRODUCTIVE AGE	57,217
SYRIAN PREGNANT WOMEN	4,419
SYRIAN YOUTH	65,566

TURKEY:

SYRIANS AFFECTED BY THE CRISIS	1,772,535
SYRIAN WOMEN AND GIRLS OF REPRODUCTIVE AGE	429,536
SYRIAN PREGNANT WOMEN	31,373
SYRIAN YOUTH	257,7220

EGYPT:

SYRIANS AFFECTED BY THE CRISIS	134,329
SYRIAN WOMEN AND GIRLS OF REPRODUCTIVE AGE	33,480
SYRIAN PREGNANT WOMEN	2,377
SYRIAN YOUTH	27,444

SOURCES: Turkey's Disaster and Emergency Management Authority (AFAD), UNHCR MENA Bureau, OCHA, and UNFPA June, 2015

from other countries (Pakistan, Iran, and Iraq), and Turkey becomes the largest refugee-hosting country in the world.

Due to the deliberate targeting of hospitals and health facilities in Syria, especially in provinces located near the border, Syrians have been fleeing to nearby Turkish provinces in search of emergency medical treatment and safety. Following the recent influx, the hospitals of Suruç and Sanliurfa received around 200 cases of serious injuries, resulting in five deaths.

According to a rapid assessment conducted by the International Middle East Peace Research Centre (IMPR), more than half of the people who have fled in the wake of recent events were women and children. Based on interviews and home visits, the assessment showed that in the recent Akcakale influx, more than half of the people who fled from Tal Al-Abiad were women and children, 40 percent of the people who fled worked in agriculture, and one of main needs of women was the availability of dignity kits.

As many as 13 alleged attacks on hospitals and health facilities in Idleb in northern Syria were reported in the health cluster meetings; these attacks constituted an evident violation of international law. Such attacks also put stress on the health system in Turkey, especially in provinces located in the southeast region where Syrians reside, with staff work overload, compromised quality and potential tension among Syrian patients and Turkish service providers. As such, building the capacity of both the Ministry of Health staff and Syrian health providers is needed to narrow the gap in services, but also to bolster efficiency of services and maintain professionalism.

Assistance and aid from other countries are minimal when compared to the quantum of services that should be delivered; this constitutes a major concern for the sustainability of running projects and programmes as well as future activities. Most of the Syrians, when interviewed, did not envisage returning to Syria, at least in the near future. This adds more pressure on the Turkish government and humanitarian aid agencies in maintaining basic life needs and services.

EGYPT

The number of registered Syrians who sought refuge in Egypt reached 133,619 during the reporting period. Most of the refugees are scattered in rented households in the outskirts of such large urban centres as Greater Cairo, Alexandria, and Damietta. Syrian refugees have been granted access to public services, including primary health care and education at the same cost as Egyptians. However, issues related to quality and availability of services remain a major challenge, given that the public sector is already struggling to meet the needs of Egyptian people. With the prolongation of the crisis and decreased funding, vulnerabilities are escalating among Syrian refugees, particularly in terms of debts incurred due to healthcare costs and increased risk for gender-based violence.

HUMANITARIAN RESPONSE

SEXUAL AND REPRODUCTIVE INCLUDING FAMILY PLANNING



Baby Razan is checked by paediatrician Dr Fathi in the UNFPA-supported maternity clinic in Zaatari refugee camp. It is operated by the Jordan Health Aid Society (JHAS), with support from UNFPA. The clinic is a one-stop maternity facility and is the only health care provider in the camp that provides normal birth deliveries. Dr Reema Diab, the chief obstetrician and gynaecologist and the clinic manager in Zaatari camp, explains that "since we started providing services in June 2013, there have been over 3,700 babies born here. We have roughly around 8-10 births a day."

Credit: Sharron Ward | UNFPA, 2015

SYRIAN ARAB REPUBLIC

REPRODUCTIVE HEALTH SERVICES: During the period under review, UNFPA continued to support its implementing partners in the delivery of lifesaving reproductive health services to affected people in Syria. A total of 64,815 reproductive health services, including family planning services, were delivered to 21,200 women. Safe delivery services were provided to 360 women through the UNFPA-supported reproductive health voucher system. As many as 170 women opted for Caesarean-sections.

REPRODUCTIVE HEALTH CLINICS: In collaboration with the Ministry of Social Affairs and the Syrian Family Planning Association, UNFPA commemorated the International Day of Action for Women's Health by inaugurating reproductive health clinics and women safe spaces in Al Hamidiyeh and HabNemra in Homs.

LEBANON

REPRODUCTIVE HEALTH SUPPLIES: UNFPA replenished expired medicines at the Makassed primary health care centre in Wadi Khaled, northern Lebanon.

UNFPA, in collaboration with ABAAD, developed the annual work plan to carry out facility-based capacity building workshops on clinical management of rape for five health service delivery points (primary health care centres and hospitals) in the north of Lebanon and Bekaa,

followed by on-the-job coaching for each facility. UNFPA and ABAAD also carried out assessments in six centres to select institutions for training. The selection is being closely coordinated with the Ministry of Public Health and members of the Task Force for Clinical Management of Rape.

REPRODUCTIVE HEALTH OUTREACH ACTIVITIES: With the support of UNFPA, the Lebanon Family Planning Association for Development and Family Empowerment (LFPAD) organized a three-day training on family planning targeting 30 women leaders in Halba, northern Lebanon. The session was part of a nine-day training programme on family planning, maternal health, and sexually transmitted infections. The programme will empower women to convey standardized messages on key topics, as well as information about current services including referral points in Lebanon. A group of 40 women from eight villages, namely Minnieh and Kwashera in Dinieh (Akkar) and Mashta Hassan, Mashta Hammoud, Khrab El Hayyet, Rajm Hussein, Awada and Rajem Khalaf in Wadi Khaled, participated in the training programme.



UNFPA: The conflict is still raging but first steps to rebuild the old city of Homs have already begun.

The city of Homs has seen enormous destruction in the wake of the conflict, yet Syrian people have their eyes on the future. "We cannot stand by until the conflict ends. If we don't start with reconstruction and rehabilitation efforts now, we'll pay for it for the rest of our lives. We need normal life to return back to Homs, which is the third important city and is strategically located at the centre of Syria," says George, one of the city's residents who was able to return home with his family.

UNFPA, in partnership with the Syrian Family Planning Association, completed comprehensive rehabilitation work at Al Hamidiyeh Clinic in the old city of Homs. The UNFPA-supported clinic is the first rehabilitated clinic in the city for approximately 300 families, who returned back to their homes. The clinic which aims to serve women and young girls of reproductive age, will provide an integrated package of reproductive health support services including medical, social, and legal counseling services for men and boys, and women and young girls including survivors of gender-based violence.

Credit: Mohamed Zaza | UNFPA, 2015

JORDAN

REPRODUCTIVE HEALTH SERVICE: During the reporting period, 13,020 reproductive health services were provided at UNFPA-supported facilities; 86 percent of these services were delivered inside camps while 14 percent covered beneficiaries in host communities. Of the total, 32 percent were women aged 18-24 years. More than 200 normal deliveries were supported at the Zaatari camp. Moreover, 3,255 women (2,725 living in camps and 530 from the host communities) benefited from ante-natal care services.

A total of 1,317 women benefited from family planning services while 6,165 beneficiaries were reached with reproductive health messages. Of these, 21 percent were living within host communities.

A May 2015 assessment of the nutritional status of pregnant and lactating women in UNFPA/JHAS clinics in Zaatari camp showed that out of the total number of beneficiaries who checked during the reporting period, 880 women were screened for anemia and 250 cases were recorded as anemic. Twelve cases of gender-based violence were referred for provision of specialized services.

In the Azraq camp, 2,776 reproductive health services were provided at UNFPA-supported facilities. As many as 637 women beneficiaries made use of ante-natal care services.

REPRODUCTIVE HEALTH AWARENESS SESSIONS: UNFPA's partner, the International Medical Corps, conducted three awareness sessions on reproductive health and family planning targeting 52 women and girls. Moreover, community volunteers reached around 1,176 families with health messages.

REPRODUCTIVE HEALTH TRAINING: As many as 47 doctors, nurses and midwives working in health centres within and outside camps were trained on ultrasound, family planning, and MISP. A roundtable discussion on 'antenatal high-risk pregnancy and hepatitis A, B and C prevention and control measures for health care providers and pregnant women' was also organized for staff working in the Zaatari camp.

IRAQ

REPRODUCTIVE HEALTH SERVICES: The number of reproductive health related services provided during the reporting period reached 6,666 in 18 locations inside camps and in host communities in Erbil, Dohuk, and Sulaymaniyah. Of the total, 3,075 women visited the clinic, 217 were hospitalized, 47 opted for Caesarean-section and 366 had normal deliveries. UNFPA provided 2,732 antenatal and 57 post-care services, and distributed 172 contraceptives.

TURKEY

REPRODUCTIVE HEALTH SERVICES: A total of 3,333 Syrian beneficiaries benefited from reproductive health services, including family planning services provided at the UNFPA-supported counseling units run by the Syrian Social Gathering (SSG) in Mersin, International Middle-East Peace Research Centre (IMPR), and Harran University Department of Public Health in Sanliurfa. Three cases of early pregnancies were reported to IMPR women counseling units.

REPRODUCTIVE HEALTH SUPPLIES: During the reporting period, UNFPA distributed 20,050 hygiene kits in Ankara, Batman, Mardin, Sanliurfa, Mersin, and Suruç through its partners.

UNFPA procured 10 boxes (480 bottles) of anti-lice shampoo for Syrian students and delivered them to the Temporary Education Centres in Gaziantep and International Blue Crescent.

UNFPA distributed 77 reproductive health kits covering the needs of 100,000 people in Urfa/Suruç. The kits included male condoms, clinical delivery assistance, clean delivery tools for individual and birth attendants, post-rape treatment, oral and injectable contraception, treatment of sexually transmitted infections, and intrauterine devices. The kits were distributed to IMPR, Harran University, Sanliurfa Provincial Health Directorate, Sanliurfa Maternity Hospital, and Suruç Hospital.

REPRODUCTIVE HEALTH AWARENESS SESSIONS: UNFPA, in partnership with Harran University, IMPR, and Syrian Social Gathering, conducted 34 awareness sessions on reproductive health, including polycystic ovary syndrome, breastfeeding, AIDS/HIV, scabies, personal hygiene, and healthy nutrition targeting 454 participants in Urfa and Mersin.

UNFPA, with its partners IMPR and Harran University, organized 11 outreach activities targeting 381 beneficiaries. The awareness sessions addressed issues related to first aid, reproductive health, psychological and life-skills, hair dressing, embroidery with beads, and language courses.

REPRODUCTIVE HEALTH TRAINING: UNFPA, in partnership with the Ministry of Health, Department of Public Health, conducted training on emergency obstetric care for 15 Syrian medical and health care providers in Adana, Turkey.

UNFPA humanitarian team also conducted MISP training in Ankara with the participation of 26 health workers representing different provincial health directorates of the Ministry of Health in Istanbul, Izmir, Bursa, Antalya, and Malatya.

UNFPA received remarkable recognition from the Turkish Medical Association and Hacettepe University. Both expressed interest in receiving MISP training-of-trainers for medical staff working in the Syrian crisis. The Ministry of Health also posted an article about the MISP training on its official website.

REPRODUCTIVE HEALTH MATERIALS: The Harran University in Sanliurfa developed 1,000 copies of a health manual in both Arabic as well as Turkish, and distributed the same to students in Harran's language courses. Copies of the manual were also sent to IMPR and Sanliurfa Public Health Department for dissemination in camps. The Hacettepe counseling unit distributed brochures on antenatal care and family planning. UNFPA translated into Arabic the participants' book on emergency obstetric care for nurses and midwives.

SUPPORTING HUMAN RESOURCES: UNFPA supported staff in various NGO women counseling centres as follows: SSG - a midwife and a psychologist; IMPR - a psychologist; and Harran University - two Arabic teachers, a data processor, and a midwife. The Hacettepe University Foundation hired a social worker for ULubey counseling unit while an orientation training was conducted at SONIM.

EGYPT

REPRODUCTIVE HEALTH AWARENESS SESSIONS: In Damietta, UNFPA-supported women and girl safe space arranged 20 health awareness sessions; 12 of these sessions targeted 166 women, covering topics such as reproductive health, gender-based violence, early marriage, and other relevant health issues. Eight sessions were carried out for 47 girls, covering sexual and reproductive health knowledge as well as life skills training. The topic choice depended on a prior need assessment carried out by trainers and Syrian community health workers.

REPRODUCTIVE HEALTH TRAINING: In Alexandria, 20 physicians working in public hospitals received intensive 12-day hands-on training on comprehensive emergency obstetric and neonatal care.

The training was coordinated with the Egyptian Ministry of Health and programmed by professors from Ain Shams and Alexandria medical schools.

In Cairo and Damietta, two three-day trainings on gynaecological ultrasound were carried out for 20 public primary health care physicians as part of an initiative aimed at supporting the mainstreaming of Syrians into the public health sector. Trainees had received obstetric ultrasound training earlier this year.



Every day, many Syrian women like Najla visit the UNFPA-supported reproductive health clinic in Zaatari camp in Jordan, seeking advice on family planning and fertility, as well as pregnancy tests and health check-ups. At the core of UNFPA's service delivery is the aim to empower women to make informed choices.

Najla visited the centre because she felt pressured by her in-laws to have more children. "Every day, my mother-in-law repeats how eager she is to have a grandson. It's all she talks about. She expects me to have a baby now, because my husband lost a brother in the war," said Najla, who visits the centre to get advice on family planning. "I don't think this is the right environment to have a baby. Zaatari is a hard place for babies, and I don't want to have a baby who is a refugee. I wish my mother-in-law could understand that nothing, not even a baby, can replace her son."

Najla's mother-in-law doesn't know why she came to the clinic that day. "I regularly come to participate in a recreational activity. Sometimes, I come to collect a hygiene kit. She thinks I am meeting with my friends to learn how to make soap but she doesn't know about the contraceptives. I didn't tell her because she'd be angry and we would argue." The comprehensive approach to service delivery allows Najla to discreetly access the reproductive health services provided by the centre. It allows Najla to make an informed choice regarding her future. While discussing her needs with a physician, Najla explained the problems she faces at home and was referred to a counselor to help resolve her domestic problems.

UNFPA and its partners regularly hold training sessions on family planning, early pregnancy, women's psychology, personal hygiene, and sexually transmitted infections targeting women and girls, as well as men and boys in host communities and refugee camps across the region.

Credit: David Brunetti | UNFPA, 2014.

GENDER EQUALITY AND WOMEN'S EMPOWERMENT



Syrian refugee Mona learns embroidery with her 12-year-old daughter Noor al Sham. "When I went to the UNFPA-supported KAFA centre, I learned to teach my daughter to be more self-confident. I explained to her that Syrians are marrying off their daughters at an early age, and that I am completely against this trend. I told her I was keen for her to complete her education." Yet, Mona was fearful of her daughter experiencing sexual harassment by men waiting at the school gates. "But my daughter knows how to respond, and answers them back perfectly," she laughed.

Credit: Sharron Ward | UNFPA

REGIONAL

Reporting on gender-based violence in the Syria crisis:

UNFPA is carrying out a comprehensive project on sensitive reporting on gender-based violence in the context of the Syria crisis, building upon internationally recognized ethical principles. This project for media professionals consists of six phases and is part of a regional initiative aimed to prevent and contain gender-based violence in the Syria crisis. It is funded by the United Kingdom's Department for International Development (DFID).

During the reporting period, UNFPA organized a regional training for 23 journalists and communication focal points in the six countries affected by the Syria crisis. The participants represented different media outlets such as Araby Al Jadeed, Al Akhbar, L'Orient-Le Jour, Al Rai Newspaper, Al Ahram, Al Masry Al Youm, and Iraq Hur. The objective of the training was to raise knowledge on the issue of gender-based violence in the Syria crisis and to enhance the capacity of the participants to ensure informed and ethical coverage of gender-based violence among Syrian communities. During the training, UNFPA announced the establishment of specialized GBV reporters network that aims to expand to cover 175 trained members by end 2015.

Regional Gender Based Violence Evaluation: UNFPA and UNHCR are co-leading a regional evaluation looking at the extent to

which minimum standards have been applied in the regional Syria crisis humanitarian response. The field evaluations were carried out in northern Syria, Iraq, Lebanon and Jordan in June and the final results will be available by August.

SYRIAN ARAB REPUBLIC

GENDER-BASED VIOLENCE SERVICES: UNFPA delivered around 18,000 gender-based violence related services while UNFPA-assisted SARC and SFPA clinics and mobile teams provided medical examination and psychosocial support to 4,515 women residing in affected governorates.

GENDER-BASED VIOLENCE AWARENESS SESSIONS: UNFPA-assisted clinics and mobile teams of SFPA and SARC provided 3,800 gender-based violence services in Damascus, Rural Damascus, Homs, Lattakia, Tartous, and Dar'a.

GENDER-BASED VIOLENCE TRAINING COURSE: Through the support of UNFPA, SFPA organized three three-day peer education trainings on gender-based violence targeting 60 volunteers in Lattakia, Sweida, and Tartous (20 in each governorate).

GENDER-BASED VIOLENCE MATERIALS: A total of 21,433 women and 864 men residing in Bloudan and Homs benefited from dignity kits.

WOMEN AND GIRLS SAFE SPACES: UNFPA supported 11 women and girls centres that provide gender-based violence screening and services for women in Damascus, Aleppo, Sweida, Lattakia, Tartous, Hasakah, and Hama through the deployment of gynecologists, midwives, psychosocial counselors, and nurses.

RECREATIONAL ACTIVITIES IN THE WOMEN CENTRES: The Ministry of Social Affairs and SFPA, supported by UNFPA, organized a bazaar to support 15 local NGOs in Homs and to enhance women's role in the local community. Women were able to sell their handmade products including embroideries, clothing, Arabic sweets, homemade food, and bakery items, etc.

LEBANON

GENDER-BASED VIOLENCE SERVICES: UNFPA, in partnership with KAFA's Listening and Counseling (LCC) Centre in Beirut, provided listening and counseling services to 96 Lebanese and Syrian women survivors of violence and exploitation. In addition, follow-up sessions were organized for 90 women. A total of 69 legal consultations were provided to Lebanese and Syrian gender-based violence survivors; these consultations primarily provided information to women about their rights. Four legal authorizations were referred to lawyers in order to present their complaints in court. During the reporting period, the centre provided 84 psychological consultations to 25 Lebanese and Syrian gender-based violence survivors, referred four women to the forensic doctor for documentation of the incidents of violence, and referred another four women to different shelters.

GENDER-BASED VIOLENCE TRAINING: During the reporting period, UNFPA, in partnership with KAFA, conducted three trainings on implementation of Law 293 to protect women and other family

members from domestic violence. The trainings targeted 43 Internal Security Forces (ISF) officers who have been formerly trained on the family violence curriculum before the adoption of the law. The training programme included review of the family violence curriculum content, review of Law 293, and the role of ISF officers according to Law 293 (using the film 'BelKanoun' as a training tool).

UNFPA, in partnership with KAFA, also conducted psychotherapy coaching sessions for five of its social workers. The sessions were carried out by a psychiatrist and the centre team and have helped the participants to consolidate their skills, particularly when dealing with beneficiaries suffering from trauma or psychological disorders. Moreover, a half-day training on clinical management of rape, targeting six trainers and doctors, was also conducted.

WOMEN'S CENTRES: With the support of UNFPA, KAFA started the rehabilitation of its shelter. The rehabilitation process will continue till mid-July, and will start receiving GBV survivors by the beginning of August 2015. During the reporting period, two floors of the shelter were fully rehabilitated.

JORDAN

GENDER-BASED VIOLENCE SERVICES: During the reporting period, 574 gender-based violence survivors benefited from safe, confidential, and compassionate specialized multisectoral services. As many as 112 gender-based violence survivors benefited from case management services; of these, 49 percent were women aged above 24 years. A total of 3,331 women, girls, men, and boys benefited from self-reliance, vocational training, and life skills activities; of these, 43 percent were females aged 15-17 years, 15 percent were females aged 18-24 years, and 29 percent were males. As many as 3,703 women, girls, men and boys were directly sensitized on gender-based violence issues, available services, and referral pathways.

In the Azraq camp, there was an increase in the number of new case management files as compared to the previous month. The majority of the beneficiaries were aged over 24 years. Also, a new support group has been initiated; 12 women are part of the newly established group, which is centred around the issue of emotional abuse. Around 55 women and girls were enrolled in psychosocial support and recreational activities; most of them were over 24 years of age.

In an effort to enhance partnerships with and raise awareness of beneficiaries about services available in the camp, seven awareness sessions were conducted at the UNFPA-IMC women and girls' centres,



UNFPA through its partner, the International Middle East Peace Research Center (IMPR), distributed dignity kits to women fleeing from Tal Al-Abiad, Syria, and entering Turkey through Akcakale point.

Photo Credit: IMPR, 2015

five by Save the Children International and two by World Vision.

On the occasion of World Refugee Day, UNFPA/IFH safe spaces in Zaatari camp organized the video screening of a film on early marriage and its health implications on the girl child. At the end of the event, the audience discussed common issues related to early marriage in the presence of health and legal staff.

IRAQ

PREVENTION OF AND RESPONSE TO GENDER-BASED VIOLENCE: A total of 25 gender-based violence cases were reported to the UNFPA-supported women safe spaces. All cases received various types of services and referral, such as counseling, listening, psychosocial support, and case management.

GENDER-BASED VIOLENCE SERVICES: During the reporting period, 30 cases received gender-based violence services. Of these, 20 cases received counseling, listening, psychosocial support, and case



Syrian beneficiaries attending activities organized by Harran University, Turkey, Counseling Unit.

Photo Credit: Harran University Counseling Unit, 2015



EMoC training: Syrian participants with their trainers from the Ministry of Health and UNFPA team, Adana, Turkey.

Photo Credit: UNFPA, 2015

management, two received health services for clinical management of rape, three received legal support, and three visited the women's safe space for follow-up.

GENDER-BASED VIOLENCE AWARENESS SESSIONS: A total of 135 women and girls benefited from awareness-raising sessions on gender-based violence prevention and response, and reproductive health related issues.

GENDER-BASED VIOLENCE OUTREACH ACTIVITIES/VOLUNTEERS: A total of 646 women and girls benefited from outreach activities and awareness-raising on gender-based violence, reproductive health, and youth issues in Dohuk camps.

WOMEN AND GIRLS SAFE SPACES: UNFPA established two women safe spaces in Domiz 2 and Gawilan camps.

RECREATIONAL ACTIVITIES IN WOMEN CENTRES: A total of 169 women participated in various recreational activities. Of these, 126 women and girls attended recreational activities, 15 women and girls attended a hair dressing session, and 38 women and girls attended sewing training.

TURKEY

GENDER-BASED VIOLENCE SERVICES: According to the counseling

units supported by UNFPA, 364 Syrian refugees benefited from gender-based violence services. Out of the total, eight cases of gender-based violence reported and received services.

GENDER-BASED VIOLENCE AWARENESS SESSIONS: During the reporting period, six awareness sessions targeting 275 Syrian refugees in Urfa, Mersin, and Ankara were organized. The sessions addressed issues such as forced marriages, emotional neglect of children, psychological violence, violence in schools, and general concepts regarding gender-based violence.

WOMEN AND GIRLS SAFE SPACES: UNFPA is planning to establish and support five women safe spaces and counseling units by the end of this year.

EGYPT

UNFPA's support to two safe spaces continued in 6th October City and Damietta. The spaces provide several services, including psychosocial support, training, recreational activities, awareness campaigns, and sport activities. UNFPA supported the establishment of safe space in Maadi, Cairo, in collaboration with Care International and signed a grant for another safe space in Obour with the Egyptian Organization for Human Rights; the safe space is scheduled to become functional by the next quarter.

UNFPA PUBLICATIONS JUNE 2015



Breaking the Silence? ... Hoping for a New Life

More than four years of war have ravaged Syrian families and communities. Syrian women and girls are living through the most damaging conflict in the region's recent history. Female refugees are sometimes subjected to sexual violence, and more frequently suffer from harassment and abuse. Delivering their children can be dangerous. They often lack access to prenatal and postnatal care and emergency obstetric care if they need it. For the women of Syria the process of reintegration and recovery at the individual and community level will be long and complex.

This pictorial book documents the impact of the years of violence on Syrian women, girls, men and boys. The pictures and stories show how even small interventions may change lives. We have used alias names in some stories for protection purposes.

Download the pictorial book (Arabic and English) : <http://www.unfpa.org/resources/breaking-silence>



Women and Girls Safe Spaces - Guidance note based on lessons learned from the Syria crisis

UNFPA, with the financial support of the United Kingdom's Department for International Development, translated the 'Women and Girls Safe Spaces: Guidance Note Based on Lessons Learned from the Syria Crisis,' into Arabic. The document provides guidance on how to establish women and girls safe spaces in humanitarian and post-crisis contexts and presents key guiding principles for the management of these spaces. The guidance is based on the experiences of UNFPA and its partner organizations in Jordan, Lebanon, Iraq, Syria and Turkey. It also refers to experiences documented by the GBV coordination mechanisms in Jordan and Lebanon.

SUPPORTING ADOLESCENTS AND YOUTH



Nasar, a 32-year-old football champion. He used to play in Jihad and Tishreen national football team in Syria and Thatalras football team in Jordan. Since the beginning of Syrian crisis, Nasar moved to Domiz camp in Iraq. He is not working due to his health situation; however, his passion for football never ends. He is now a member of the UNFPA-youth space in Domiz camp, working as outreach mobiliser and sports adviser.

Credit: Saleem Akreyee | UNFPA, 2015.

SYRIAN ARAB REPUBLIC

YOUTH ACTIVITIES: The Syrian Commission for Family Affairs and Population, supported by UNFPA, organized a workshop to discuss youth findings in the ICPD beyond 2014, with a focus on healthy lifestyles, reproductive health rights, and decent employment. The participants identified key challenges facing youth in the crisis and ways to address them.

LEBANON

Under a joint UNFPA-UNICEF partnership that aims at better responding to youth needs within the humanitarian context, a consultancy for mapping exercise of youth interventions and actors concluded with detailed listing of current youth interventions and existing youth-related resources used by responding NGOs/INGOs/UN agencies/universities/ministries. Analysis of findings highlight challenges in reaching out to youth, such as lack of funding and limited technical and human resources.

Based on the findings of the mapping exercise, and despite the existence of interventions and resources targeting youth at several levels, gaps still exist for UNFPA and other concerned United Nations agencies in meeting the needs of young people. The main areas that indicate existing needs are physical and psychosocial health of youth, education, social stability, as well as livelihood.

UNFPA and UNICEF will proceed with implementation of the 'Humanitarian Youth Response,' a joint project which will carry on into developing a comprehensive adolescent and youth life skills-based package for emergency settings, including training and educational

material that target service providers and young people. This activity will be undertaken with full consideration of the outcome of the mapping exercise.

JORDAN

YOUTH ACTIVITIES: UNFPA's implementing partner, IFH, offered self-reliance and life skills sessions to 70 Syrian girls and boys and 15 Jordanian girls under the age of 18 years, and to 85 Syrian girls and boys and 40 Jordanian women aged 18-24 years in the host community. Another 1,147 Syrian refugee girls and 571 boys under 18 years and 300 refugee girls and 110 boys aged 18-24 years were reached in camps.

A total of 64 Syrian refugee girls and 8 Jordanian girls under 18 years of age attended reproductive health awareness sessions in the host community, and 218 Syrian refugee women and 52 Jordanians aged 18-24 years attended the same activity in the host community. In camps, 102 Syrian refugee girls under 18 years and 410 Syrians aged 18-24 years participated in the sessions.

UNFPA coordinated the youth task force meeting in Zaatari camp. During the meeting, the International Medical Corps presented findings of a report on Syrian adolescents and youth in Jordan. The group developed a list of summer activities for youth in the camp, and a specific activity for World Refugee Day, which was shared with all partners. A donation of 4,000 footballs from the Asian Football Development Project (UEFA) was distributed to members of the task force according to the distribution criteria.

Peer training was conducted in Zaatari camp at the new UNFPA Youth Centre for Questscope youth volunteers.

IRAQ

UNFPA, in line with its response to the needs of a large number of youth living in the Gawilan camp without any support, established a youth space in the camp. This space will support youth initiatives and will host several training and awareness sessions on life-skills, reproductive health, peer education, and other youth concerns.

YOUTH-RELATED TRAINING COURSES: During the reporting period, 59 youth attended the basic peer education training in Domiz 1 and Gawilan camps.

YOUTH ACTIVITIES: During the month, 172 young girls and boys attended a soccer camp that included awareness sessions on reproductive health, early marriage, and family planning, and various other activities such as drawing, music, sports, handicrafts, computer, and theater.

EGYPT

PRODUCTION OF SUPPORT MATERIALS: UNFPA distributed 600 copies of reproductive health and gender-based violence material in Damietta.



UNFPA in partnership with its implementing partner Al Masala commemorated World Refugee Day at the women and youth centres in Kawergosk, Darashakran, Basirma and Qushtapa camps in Iraq. The activities included, art exhibition, fashion show, theater show and sketches about the refugee life, freedom and women's issues.

Credit: UNFPA, 2015.

UNFPA CROSS-BORDER OPERATIONS MAY- JUNE 2015

REPRODUCTIVE HEALTH SERVICES: UNFPA supported general maintenance of four health facilities, alongside provision of equipment and supplies.

A total of 8,644 women and girls of reproductive age benefited from the cross-border intervention in northern Syria. Of these, 148 cases were pregnant women aged below 18 years. UNFPA supported 750 normal deliveries and 210 Caesarean-sections.

REPRODUCTIVE HEALTH STAFFING: in Southern Syria, UNFPA supported 5 gynecologists, an anesthesia doctor, a family doctor, a resident doctor, 4 midwives and nurses, 5 health workers, and 3 anesthesia technicians. This allowed the provision of 985 reproductive health services including 237 deliveries, of which 142 were Caesarean-sections.

REPRODUCTIVE HEALTH TRAINING: A training on emergency obstetric care services was conducted for 9 service providers (2 doctors, 6 midwives, and an NGO representative) from northern Syria. The objective of the training was to advance knowledge and skills on clinical standards and guidelines in the management of life-threatening situations in pregnancy.

UNFPA conducted a training course on MISAP and gender-based violence in Amman for 25 physicians working at different health facilities in southern Syria. The objective was to build their capacities to respond to reproductive health and gender-based violence needs in emergency situations.

GENDER-BASED VIOLENCE TRAINING: A training of trainers for 15 medical staff on caring for gender-based violence survivors was organized by the GBV sub-cluster and the health cluster for seven organizations that are working in northern Syria.

REPRODUCTIVE HEALTH MATERIALS DEVELOPED: IEC material on reproductive health issues was developed in Arabic for health professionals and communities.

WOMEN' SPACES: UNFPA is supporting two local organizations to manage and strengthen women and girls safe spaces in Idleb, Aleppo and in north part of Latakia governorate. The implementation started in June 2015. While complete data are not yet available, over 100 women and girls had already started participating in a variety of activities within the first few days; the activities included awareness raising on women's participation in public life, theatre course, and life skills.

GENDER-BASED VIOLENCE AND REPRODUCTIVE HEALTH SUPPLIES: UNFPA delivered 6,900 dignity kits; the distribution took place in areas most affected by recent displacement in Idleb.

UNFPA has participated in a convoy to southern Syria with 126 boxes of reproductive health kits targeting 32,220 beneficiaries.

COORDINATION

During the reporting period, a reproductive health sub-working group was established under the guidance of the health cluster. The group consists of 22 members representing NGOs, UNICEF, and WHO. During its first meeting in Gaziantep and Antakya, the members developed terms of reference, capacity needs assessment, roles and responsibilities, reproductive health indicators, and a checklist for facilities to assess availability of health services.

CHALLENGES

Shortage of funds continues to threaten the sustainability of the cross-border programme.

COORDINATION & CAPACITY BUILDING

SYRIAN ARAB REPUBLIC

UNFPA participates in the United Nations sector group meetings on health, protection, and logistics, as well as meetings of the United Nations Humanitarian Country Team and the United Nations Security Cell.

LEBANON

UNFPA participated in the National Health Steering Committee within the context of the humanitarian response. The committee was headed by the Ministry of Public Health, and discussed, among other issues, the intensification of efforts in the health sector, fulfillment of funding gaps, and development of a health strategy.

UNFPA, in partnership with the Ministry of Public Health, launched the revised version of the reproductive health service delivery guidelines targeting health care providers at the primary health care level. The revised guidelines offer new protocols on reproductive health, youth-friendly services, HIV/AIDS, clinical management of rape, obstetrical emergencies, and ethics. A series of trainings on the new guidelines will be rolled out between July and October 2015 with the support of UNFPA.

The reproductive health working group meeting discussed the inventory of awareness materials developed by UNFPA, referral of Syrian delivery cases and challenges, and reproductive health updates with particular attention to:

- Sexually transmitted illness assessment, presented by WHO
- Impact assessment of the joint UNFPA/International Rescue Committee initiative and preliminary findings of family planning services mapping, presented by UNFPA
- Pre-and post-natal services, presented by the Ministry of Public Health
- Delivery care at secondary care level, presented by UNHCR
- Prevention and management of the consequences of sexual violence.

UNFPA co-chaired the monthly meeting of the gender-based violence task force where members discussed the draft checklist on static and mobile safe spaces, based on the UNFPA guidelines for safe spaces and the new activity information tool.

UNFPA participated in a two day gender-based violence information management system (GBV IMS) data analysis training organized by UNHCR, UNICEF and UNFPA with support from a Canada funded project. The training focused on analysis of data gathered through the GBV IMS.

JORDAN

UNFPA chaired the monthly meeting of the reproductive health sub-working group. Members discussed early marriage and early pregnancy risk, access to reproductive health services in camps and host communities targeting Syrian refugees and Jordanian citizens and strengthening the role of health care providers in raising awareness and proper counseling on use of family planning methods.

The GBV IMS Task Force co-chaired by UNFPA, together with UNCHR, conducted a mission to enhance the skills of the members of GBV IMS in collecting and analysing data, and carried out refresher training for case managers in the field.

IRAQ

UNFPA, in coordination with UNHCR, conducted training on GBV IMS. The training came as a step in the GBV IMS roll out in the country, which is to be implemented in selected refugee camps as part of a pilot project.

UNFPA also supported the gender-based violence sub-cluster services mapping initiative in the IDP camps as well as in refugee settings.

TURKEY

UNFPA participated in the biweekly United Nations agencies' Syria crisis task force meetings in Ankara, field sector coordination meetings in Gaziantep or Hatay, and monthly meetings of the gender-based violence working group in the Ministry of Family and Social Policies General Directorate of Woman's Status and Protection Working Group, both in Ankara and Gaziantep.

EGYPT

UNFPA participated in the health working group meeting where participants discussed the 3RP health indicators and reporting, introducing activity information, and continual support of the psychosocial working group.

UNFPA participated in the health sector coordination on monitoring and evaluation. During the meeting, members discussed the final list of indicators for monitoring and evaluation of primary health care interventions, and coordination with the Ministry of Health for qualitative indicators, satisfaction surveys, and automation of reporting.



Syrian children with their mothers commemorating the World Refugee Day at UNFPA women's centre in Zaatari camp in Jordan.

Credit UNFPA, 2015.

CHALLENGES

SYRIAN ARAB REPUBLIC

Timely delivery of humanitarian assistance, especially in the light of Security Council Resolutions 2139 and 2165, has become a challenge due to ongoing security conditions and coordination issues with neighbouring countries. As such, UNFPA implementing partners in the opposition-controlled areas continued to face challenges in the delivery of reproductive health services to women in need. Moreover, limited financial resources allocated to public sector facilities have negatively impacted the effectiveness of humanitarian aid for affected people.

JORDAN

Tension between Syrian refugee and citizens remains a challenge.

Families moving to camps are facing difficulties including adaptation to the camp atmosphere and crowded living conditions, which cause psychological stress and an increase in domestic violence.

There is a lack of knowledge among Syrian refugees about the importance of antenatal, post-natal and post-abortion care, breastfeeding, children's vaccination, and periodic follow-up visits.

Lack of electricity in some parts of the Zaatari and Azraq camps has been creating major issues, not only in the provision of services but also in relation to the level of frustration among refugees, affecting responsiveness to services.

IRAQ

The ongoing conflict in the country that resulted in internal displacement is affecting the overall delivery of services and negatively impacting funding opportunities for refugees.

Refugees in urban settings represent more than 67 percent compared to those in camps; this entails development of strategies to respond to the needs of these populations.

TURKEY

Lack of funds is a constant challenge in the face of a sufficient humanitarian programme design and implementation.

The election results revived hope for Turkey to play an enhanced role in stabilizing the situation in the region and in resolving the conflict with peace initiatives and diplomacy.

Challenges like language barriers, lack of qualified and motivated humanitarian aid workers, and long bureaucratic procedures continue to be a barrier when trying to deliver a service and/or implement a programme.

Accessibility and out-reach to the Syrian population is intermittent due to political conflicts and/or security, which often poses challenges in reaching groups that are most in need.

With the recent increase in tension, increased attention must be given to security measures while working in the border region.

EGYPT

Refugees are scattered over large urban areas in Egypt, making it challenging for most aid agencies to extend support to them. Moreover, since the population is still on the move, the allocation and provision of services continues to be difficult.

Birth registration of Syrian newborns in the absence of the father or marriage certificate remains an issue that requires advocacy, although several legal and human rights organizations are currently providing aid for registration of these cases.

Although the Government of Egypt has allowed access to medical and educational public services for Syrians, the issue of improving accessibility and quality of services remains a challenge and necessitates continual support and capacity-building of sectors in areas marked by a high concentration of Syrians.

The living conditions of refugees are alarming; they often live in crowded quarters with multiple family households. Lack of privacy contributes to tensions and increased domestic violence.



On the occasion of the holy month of Ramadan, an iftar meal for 300 internally displaced women with their families was organized at the UNFPA women's centre at Saad camp in Baobab in Iraq. All social workers and young female volunteers participated in the process of preparing and cooking the meal and organizing activities on women's rights.

Credit: UNFPA, 2015.

ECHO FROM THE FIELD

Since most Syrian families are beset with serious financial difficulties, many do not reject marriage proposals for their daughters, even if the prospects are not promising. Dowries are small or nonexistent. Sami, a Syrian man attending a psychosocial workshop organized by UNFPA to help participants adjust to exile and changing family dynamics, told me about a man none of his neighbours was familiar with. This man was going around asking whether there were any unmarried Syrian women willing to get married to men from outside of Syria. "This is both annoying and humiliating. These people are not helping Syrians; on the contrary, they are exploiting our difficult situation." Fearing harassment and exploitation, Sami has instructed his daughter to stay indoors and to refrain from talking to anyone when he is not at home. Sami doesn't want his daughter to marry. He feels guilty for keeping her confined for the better part of the day and for restricting her freedom, but feels he has no other choice.

Credit: David Brunetti | UNFPA, 2015.



UNFPA-SUPPORTED FACILITIES



Number of women's spaces

SYRIAN ARABIC REPUBLIC

3

JORDAN

19

9 in camps and 10 in communities

LEBANON

5

IRAQ

9

(3 in host communities)

EGYPT

3

TURKEY

3



Number of field reproductive health clinics or mobile teams

SYRIAN ARABIC REPUBLIC

30 static clinic, 35 mobile clinic and 16 medical points

JORDAN

19

10 static and 9 in camps

IRAQ

8 in camp

40 in non-camp locations



Number of youth centres

JORDAN

7 in communities
1 in camps

LEBANON

5

IRAQ

1

EGYPT

1



Number of health facilities

SYRIAN ARABIC REPUBLIC

200
4 hospitals

JORDAN

Ministry of Health facilities and NGOs facilities providing reproductive health services

IRAQ

5

EGYPT

5

TURKEY

4

Referral hospitals

DONORS & PARTNERS

UNFPA IS GRATEFUL FOR THE SUPPORT OF THE FOLLOWING DONORS IN THE SYRIA CRISIS:

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

IMPLEMENTING PARTNERS

IN SYRIAN ARAB REPUBLIC: Ministry of Social Affairs and Labor (MOSA), Ministry of Health (MoH), Ministry of Higher Education (MoHE), Syrian Family Planning Association (SFPA), Syrian Arab Red Crescent (SARC) and International Medical Corps (IMC).

IN LEBANON: Ministry of Public Health, Ministry of Social Affairs, Lebanese Family Planning Association, 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).

IN JORDAN: Ministry of Health (MOH), Institute for Family Health (IFH), International Medical Corps (IMC), Jordanian Health Aid Society (JHAS), Family Protection Department (FPD), Un Ponte Per (UPP), Jordanian Women's Union (JWU), Youth Peer Education Network (YPE), NCF (National Council for Family Affairs).

IN IRAQ: Ministry of Culture, Sport and Youth (MCSP), Ministry of Labor & Social Affairs (MLSA), AL Massela, START NGO and Harikar.

IN EGYPT: Ministry of Health (MOH), Resala and FARD Foundation.

IN TURKEY: The Disaster and Emergency Management Presidency (AFAD) of the Prime Ministry of Turkey, Ministry of Foreign Affairs (MoFA), and Ministry of Health (MoH), Ministry of Family and Social Policies (MoFSP), Turkish Red Crescent Society (TRCS), universities including Harran in Sanliurfa and Hacettepe University in Ankara, NGOs including the International Middle East Peace Research Center (IMPR), Syrian Social Gathering.



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RELEVANT RESOURCES

www.unfpa.org
www.ocha.org
www.unhcr.org
<http://syria.humanitarianresponse.info>

The United Nations Population Fund | UNFPA Regional Syria Response Hub | Amman- Jordan | www.unfpa.org