



In the 49th year of her professional career, Mama Munira Sha'ban, midwife and family planning counsellor at Zaatari Camp in Jordan, spoke at a side event during the United Nations General Assembly along with Secretary General Ban Ki-Moon: "I deliver babies, of course ... but I also raise awareness about maternal health and family planning at villages, camps and schools. I also educate families, particularly men, about the consequences of forced and early marriage. Now, after two years, I noticed a change: Women are starting to space their pregnancies and use contraceptives, and more and more men are better informed, and accept family planning. Also, fewer early marriages are taking place." Credit: UNFPA, 2014..

HIGHLIGHTS

SYRIAN ARAB REPUBLIC: UNFPA partners with 19 new public and private hospitals, aiming to scale up the provision of reproductive health services, including emergency obstetric care to the affected people in six governorates.

LEBANON: UNFPA certifies 80 women as community leaders to deliver awareness sessions on a range of topics pertaining to reproductive and sexual health and provides a post-rape treatment kit to the Jbeil primary health care centre in Byblos.

JORDAN: UNFPA supports 9,783 women and girls with reproductive health services, provides services to 1,814 GBV survivors, sensitizes 1,430 refugees through home-to-home visits and reaches 2,242 with GBV-related awareness messages.

IRAQ: UNFPA supports the safe delivery of 90 babies in the UNFPA-supported clinic in Domiz camp, with an average of 5 deliveries per day. UNFPA provides counseling services for 557 women and girls, of which 20 are new GBV cases and organizes recreational activities for a total of 1,130 women and girls. UNFPA officially inaugurates the soccer field in Domiz camp.

TURKEY: UNFPA provides a Minimum Initial Service Package (MISP) training in Gaziantep for 23 Syrian reproductive health service providers. UNFPA distributes 2,376 hygiene kits to Hama in northern Syria, 4,752 kits to Iraqi refugees in Sirnak, Mardin and Batman districts and another 4,752 kits to Syrian Kurds arriving from Kobani to Sanliurfa-Suruc district.

EGYPT: UNFPA partners with the Arab Medical Union to enhance the capacity of the 30 Syrian community health workers in Giza.

HUMANITARIAN SITUATION

The conflict in Syria has caused the world's worst humanitarian emergency since World War II, according to the United Nations, requiring the biggest relief operation in its 64-year history. The complex civil war in Syria has intensified recently with the Islamic State launching a sudden and murderous offensive across the region, forcing an average of one out of eight Syrians to flee across the border to neighbouring countries and has placed nearly half of the Syrian population and another 2 million displaced Iraqi persons in need to urgent help. Today, more than 3.5 million Syrian women and girls of reproductive age, of which 432,000 are pregnant, and more than 250,000 Iraqi displaced women are in dire need of urgent health and protection support.

In September, an alarming and sudden Syrian refugee inflow took place, with more than 160,000 Syrian Kurds fleeing the advance of Islamic State (IS) fighters and pouring across the border into Turkey. The movement of Syrian refugees raises fears of violence in the whole area and continues to place an immense burden on neighbouring countries, putting stress on the fragile systems of countries that already suffering economically, socially as well as politically.

United Nations agencies, including UNFPA, are struggling to deal with the continuing influx, trying to meet refugees' minimum needs and to sustain humanitarian programmes. Major constraints are due to lack of sufficient funds and restriction of movement in some places. The humanitarian situation is getting worse: refugees are facing challenges to cope with current situation as they are overburdened with anxiety and insecurity, with women in particular living in distress, suffering from poor living conditions and in fear of sexual harassment and exploitation.

UNFPA believes that every woman has the right to have access to affordable reproductive health care and be protected from gender-based violence. UNFPA and partners are scaling up efforts to achieve universal access to sexual and reproductive health, improving the lives of youths and women by advocating for human rights and gender equality.

SYRIAN ARAB REPUBLIC

During the reporting period, the United States-led coalition airstrikes hit Islamic State militants in Al-Raqqa and Deir ez-Zor and Al-Ha-sakeh governorates. This accompanied the continuous military operations inside Syria, especially in Rural Damascus and Homs, and frequent mortar shelling on the capital of Damascus. The on-going conflict in these areas is affecting the ability of people, particularly women, to access reproductive health services, including emergency obstetric care. As such, the number of people newly affected by the conflict is estimated to be around 400,000, of which 100,000 are women and girls of reproductive age.

Protection of women, especially those residing in the north-eastern governorates, with increased fighting and bombing, has increasingly become a matter of concern for UNFPA and its implementing partners.

The frequent blockage of the Beirut-Damascus main road, which is the sole external link for official travel, has had many negative consequences on the people and the humanitarian actors, including the delay in the transportation of humanitarian aid, difficulty of co-ordination in Lebanon and the inability of people and humanitarian actors to travel outside Syria through the airport in Beirut.

Monitoring the outcomes of the humanitarian response for internally displaced persons residing in urban settings continues to be challenging due to limited access and the capacity of implementing partners to provide timely and quality reports on needs and delivery of response.

LEBANON

With security reports of emerging plans by Islamic militants to increase activities in Lebanon's north, south and the Bekaa valley and following recent fighting in the border town of Aarsal and the killing of three abducted Lebanese service personnel, tensions between refugees and local communities across Lebanon have been heightened. Additionally, 200 Syrian men were arrested by the Lebanese army after a roadside bomb killed two soldiers in the outskirts of Aarsal. In September, the Government agreed to establish pilot camps to accommodate approximately 20,000 Syrian refugees along the Syria-Lebanon border.

In September, the number of registered Syrian refugees reached 1,163,709 persons, of which 290,927 are women and girls of reproductive age. UNFPA in partnership with implementing partners is providing direct services to Syrian refugees through its five supported women's spaces and five youth spaces in different part of Lebanon.

JORDAN

By September, around 620,000 people had fled their homes in the Syrian Arab Republic to reach Jordan and now are living in urban and rural contexts, camps and other collective centres. Over 70 per cent of the refugees are women and children, with 20 per cent of the total number of refugees living in refugee camps and 80 per cent in communities. With the serious escalation of violence in Iraq and the serious deterioration of the security situation in West Bank and Gaza, Jordan is at the junction of the three most affected nations in the region; this situation highlights the need to continually assess surrounding risks and update contingency plans.

AT A GLANCE:

In Syria Arab Republic

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

In Jordan

618,086 REFUGEES
149,849 WOMEN AND GIRLS OF REPRODUCTIVE (CHILD-BEARING) AGE
10,939 PREGNANT WOMEN

In Turkey

1,350,000 REFUGEES
337,500 WOMEN AND GIRLS OF REPRODUCTIVE (CHILD-BEARING) AGE
54,000 PREGNANT WOMEN

In Lebanon

1,163,709 REFUGEES
287,522 WOMEN AND GIRLS OF REPRODUCTIVE (CHILD-BEARING) AGE
20,597 PREGNANT WOMEN

In Iraq

246,298 REFUGEES
47,606 WOMEN AND GIRLS OF REPRODUCTIVE (CHILD-BEARING) AGE
4,359 PREGNANT WOMEN

In Egypt

139,390 REFUGEES
35,274 WOMEN AND GIRLS OF REPRODUCTIVE (CHILD-BEARING) AGE
2,479 PREGNANT WOMEN

SOURCE:
AFAD, UNHCR AND UNFPA, SEPTEMBER 2014

IRAQ

The total number of Syrian refugees in Iraq stands at 246,298 registered individuals with a total of 78,144 households. Of the total, 60,000 Syrian people reside in Domiz Camp for Syrian refugees in Duhok governorate, which is currently home for most of the Syrian refugees and internally displaced Iraqis. Of the total Syrian refugees, 61,574 are women and girls of reproductive health age and 72,000 of them are pregnant women.

Since January 2014, the numbers of Iraqi internally displaced persons (IDPs) has reached approximately 1.8 million persons, dispersed across 1,500 locations in Iraq. Approximately 860,000 of the IDPs are in Kurdistan Region in Iraq, constituting 61 per cent of the total IDPs in the country. Duhok hosts the largest population of IDPs reaching 543,384 individuals and also hosts the majority of Syrian refugees, which puts more pressure on health facilities in that governorate.



Ruqaya, a Syrian pregnant woman receiving reproductive health services in UNFPA-supported clinic in Domiz camp in Iraq. Credit: UNFPA, 2014/Millat Horiri.

Due to the increased pressure on maternal health facilities in Duhok with the rise in the number of IDPs and Syrian refugees, the UNFPA reproductive health clinic in Domiz Camp was upgraded to conduct normal deliveries for Syrian women. Since the facility was equipped on 4 August, the UNFPA-supported clinic in Domiz Camp supported the delivery of 200 new babies, with an average of five deliveries per day.

TURKEY

The armed conflict in Syria has continued to be intense near the Syrian border with Turkey. The armed conflict escalated in Iraq and northern Syria causing further serious instability and displacement of populations in the region. The movement of Syrian refugees to the country continued during the month of September, with a new sudden influx of 160,000 Kurds from Kobane region of Syria arriving to Suruc district of Sanliurfa following the attacks of the Islamic State in northern Syria. The Prime Ministry's Disaster and Emergency Management Presidency (AFAD) is constructing a new camp for 20,000 people who are currently accommodated in schools and in temporary places offered by the municipality.

The estimated total number of Syrian refugees in Turkey is 1,350,000 according to AFAD, while the total number of Syrian refugees registered in 22 camps located in 10 provinces is 220,110. The total number of Syrian refugees registered by UNHCR in host communities reached 627,156 in September.

EGYPT

There are 139,390 Syrian refugees in Egypt, of which 48.7 per cent are female.

Reproductive health training: In cooperation with the Ministry of Health, UNFPA entered into partnership with 19 new public and private hospitals, aiming to scale up the provision of reproductive health services, including emergency obstetric care to the affected people in Damascus, Rural Damascus, Homs, Aleppo, Tartous and Sweida. To this end, 55 professionals from the Ministries of Health and Higher Education, local NGOs and private sector hospitals were oriented on UNFPA's areas of work and implementation modalities, as well as the technical, administrative and financial follow-up mechanism on the reproductive health voucher programme.



As part of the annual work plan with the Ministry of Health, UNFPA signed 20 letters of understanding with private and public hospitals in the Syrian Arab Republic. Credit: UNFPA, 2014.

Supporting human resources: UNFPA is continuing to support 28 mobile clinics, 27 static clinics, 13 medical points and mobile teams of the Syrian Family Planning Association and the Syrian Arab Red Crescents through the deployment of 207 obstetricians, gynaecologists, midwives, nurses and social workers in 12 governorates.

LEBANON

Reproductive health training: Building on its ongoing partnership with UNFPA, which targets refugee and Lebanese women through awareness sessions and services in Bekaa, North and Mount Lebanon, the Lebanon Family Planning Association for Development and Family Empowerment (LFPAD) has certified 80 women as community leaders to deliver awareness sessions on a range of topics pertaining to reproductive and sexual health such as pre-natal care and nutrition during pregnancy; post-natal care; family planning and contraceptive methods; reproductive tract infections and sexually transmitted infections; early marriages and pregnancy; gender-based violence; and breastfeeding.

Reproductive health supplies: A post-rape treatment kit was delivered to the Jbeil primary health care centre in Byblos, following the clinical management of rape (CMR) health facility based training that was conducted by UNICEF and ABAAD resource centre for gender equality. The delivery of the kit was followed by a sensitization session on CMR treatment to six health service providers.

HUMANITARIAN RESPONSE (1 - 30 SEPTEMBER 2014)

SEXUAL AND REPRODUCTIVE HEALTH, INCLUDING FAMILY PLANNING

SYRIAN ARAB REPUBLIC

Reproductive health services: A total of 28 mobile clinics, 27 static clinics and 13 medical points in Damascus, Rural Damascus, Homs, Aleppo, Deir ez-Zor, Al Raqa, Hama, Daraa, Tartus and Latakia operated by UNFPA partners continued providing life-saving reproductive health services. During this reporting period a total of 18,000 women received reproductive health services, including 4,600 women benefiting from family planning services and 3,800 pregnant women referred for delivery services, out of which 460 women used free-of-charge reproductive health vouchers supported by UNFPA.

Reproductive health supplies: UNFPA received 30,000 boxes of condoms for distribution through partners to people in all Syrian governorates in a step to support family planning services.

Reproductive health awareness sessions: UNFPA-assisted mobile teams of the Syrian Arab Red Crescent and the Syria Family Planning Association reached out to 3,000 women residing in Damascus, Rural Damascus, Homs, Aleppo, Tartus, and Hama with awareness-raising information on reproductive health, including family planning.

JORDAN

Reproductive health services: A total of 9,783 women and girls benefited from reproductive health services in September, including 4,100 women benefiting from ante-natal care services and 5,683 women receiving family planning, post-natal care, sexually transmitted infections management, delivery, and other gynecological services.

UNFPA re-strategized its plan of supporting reproductive health clinics in some communities based on the results of the mapping of reproductive health services that had been conducted recently in collaboration with the Ministry of Health, WHO and UNHCR, in a step to avoid duplication and to strengthen the quality of services provided for Syrian refugees in different locations in Jordan.

Reproductive health awareness: UNFPA conducted awareness sessions on family planning, early marriage, women's psychology, personal hygiene, sexually transmitted infections, nutrition, and vaccination for pregnant/lactating women and girls targeting 1,732 persons in the camps and communities.

As part of the reproductive health awareness campaign, "tent to tent", individual awareness-raising and group sessions took place in Zaatari camp. UNFPA sensitized 133 women and 22 men on family planning and ante-natal care related messages.

Reproductive health training: UNFPA organized training session on infection control in Zataari camp targeting 16 health workers from UNFPA implementing partners.

UNFPA conducted two workshops on emergency obstetric care in Zaatari Camp for 37 gynaecologists and midwives working with UNFPA's implementing partners.



Gynaecologists and midwives from national and international implementing partners participating in the emergency obstetric training conducted by UNFPA in Zataari camp in Jordan. Credit: UNFPA, 2014

Reproductive health supplies: In collaboration with WHO and the Ministry of Health, UNFPA supported 20 selected primary health care centres with customized IUD kits and other reproductive health equipment.

TURKEY

UNFPA in collaboration with OCHA conducted a training course on the Minimum Initial Service Package (MISP) in Gaziantep for 23 Syrian reproductive health service providers, midwives, social services providers and programme managers from several parts of

northern Syria. This was the first training conducted for Syrian service providers from across the border since the onset of the crisis.



Syrian service providers cross-border from Syria participating in MISP training course organized by UNFPA in Gaziantep, Turkey. Credit: UNFPA, 2014.

EGYPT

UNFPA partnered with the Arab Medical Union to enhance the capacity of Syrian community health workers in Giza. During the reporting period, three training sessions took place for 30 Syrian community health workers in Haram, Faisal and Omraneya districts in Giza. The health workers will be responsible for sensitizing 600 Syrian households in their community with health and protection related messages during the next three months to enhance societal integration of Syrian refugees within the Egyptian community.

GENDER EQUALITY AND WOMEN'S EMPOWERMENT

SYRIAN ARAB REPUBLIC

Gender-based violence services: During the reporting period, UNFPA-supported clinics and mobile teams provided medical examination and psychosocial support to around 3,000 women residing in the affected areas of Damascus, Rural Damascus, Idlib, Homs and Tartous. In Damascus and Rural Damascus, GBV screening services were provided to 550 women, of whom 85 women were GBV survivors who have consequently received medical examination, community services and legal advice by UNFPA-supported clinics.

Outreach gender-based violence volunteers/activities: During the reporting period, UNFPA assisted 28 clinics and mobile teams of the Syrian Family Planning Association and the Syria Arab Red Crescent in Damascus, Rural Damascus, Homs, Latakia, Tartus, Idlib and Deraa, provided 12,000 GBV counselling services, including 2,000 psychosocial support services for violence-affected people.

Gender-based violence training course: In cooperation with UNRWA, UNFPA completed psychosocial support and psychological first aid capacity building for 25 relief and social services and health staff serving around 125 affected people per day.

In cooperation with the Ministry of Social Affairs psychosocial support and psychological first aid training was carried out for 20 community volunteers in Al Raqaa.

In cooperation with the International Medical Corps and the Syria Arab Red Crescent, clinical management of rape training was conducted for 14 gynaecologists and midwives from Damascus, Tartous, Latakia, Swieda, and Aleppo.

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

LEBANON

Gender-based violence services: A total of 201 women benefited from the services provided at the Al Marj, Bekaa, Listening and Counselling Center (LCC) supported by UNFPA and run by KAFA NGO: 45 women received legal counselling services, four GBV cases were advised on court representation, two women were referred to a forensic doctor, 40 beneficiaries participated in 120 psychological aid sessions and 50 new cases and 60 follow-ups received social counselling and case management services.

Gender-based violence outreach activities: UNFPA started a partnership with Intersos to enhance GBV response and prevention mechanisms at the community level in Mount Lebanon, where trends of refugee movements and registration are showing increasing numbers of refugees, hosting up to 317,997 refugees. The project is expected to strengthen the capacities of local actors, improve the access and availability of quality specialized services for GBV survivors and individuals at risk and to ensure positive coping mechanisms for individuals at risk of GBV and survivors of GBV, strengthening women and girls' self-esteem and self-reliance.

September marks the successful completion of the UNFPA-supported project on women's empowerment, which was launched in March 2014. Through this project, and in cooperation with four local and international non-governmental organizations - the Lebanese Organization for Studies and Training (LOST), Akkarouna, SHEILD and Intersos - UNFPA succeeded in reaching 6,491 women in the areas of Bekaa, North, South, Beirut and Mount Lebanon through



Women participating in a training course organized by UNFPA in partnership with the Lebanon Family Planning Association for Development and Family Empowerment (LFPADFE) in Choueifat-Lebanon. Credit: UNFPA, 2014.

various activities, such as training and awareness sessions on basic-life skills and problem solving. The project succeeded in reflecting women's priorities and concerns related to their well-being and the improvement of their knowledge on reproductive health and gender-based violence as well as in improving GBV prevention and response mechanisms at a community level, with a special focus on men and boys.

Gender-based violence materials: UNFPA through its implementing partner, KAFA (NGO) completed the translation of a Q&A booklet addressing women issues in general and GBV in particular, developed the flyers for the 16 days campaign to end violence against women and printed 3,000 copies of the second edition of the internal security forces curriculum on domestic violence which was developed after the new domestic violence law was adopted.

JORDAN

Gender-based violence services: During the reporting period 1,814 GBV survivors were supported with services. UNFPA and its partners provided specialized services to GBV survivors, including case management, psychosocial and legal support, and referral to other services.

During this month, the International Medical Corps (IMC) supported by UNFPA and UNHCR, opened its second women and girls centre in Azraq camp and facilitated the reception process and shelter allocation for 351 newly arrived female-headed households and their 663 dependents, aiming to reduce risk and mitigate protection concerns.

Five Syrian women groups kicked off new self-designed projects with the support of UNFPA and the International Rescue Committee. A total of 23 recreational activities and three meetings were conducted in different areas of the camp. These project will support the creation of additional informal women's safe spaces in the areas where formal safe spaces are not available.

Gender-based violence awareness: UNFPA and its partners sensitized a total of 2,424 persons on GBV issues, services available and referral pathways both in camps and in host communities.

UNFPA and its partner reached 1,430 refugees, through home-to-home visits and informed them on services available for GBV survivors and how to access them. A total of 973 individuals were reached for the first time, including 639 women, 35 girls and 20 boys.

UNFPA in its partnership conducted 60 community based awareness workshops on reproductive health and gender-based violence related issues, targeting 20-25 female adolescents, pregnant women, mothers, female survivors of violence, male adolescents and adult men in each session.

Gender-based violence training: UNFPA organized a three-day training on child protection and GBV standard operating procedures and internal practices for 23 case managers and case workers working in the women's safe spaces and reception area in Azraq camp.

IRAQ

Gender-based violence services: A total of 20 new GBV cases were identified and referred to specialized services and 70 cases were provided with psychosocial support.

More than 1,130 women and girls benefited from socio-recreational activities such as sewing, hairdressing, make-up and basic language courses. A total of 17 formal lectures were organized for 210 women and girls within the centres on sexual and reproductive health and GBV issues, and 557 women visited the centres and received counselling and guidance.

- In Yassmin women’s centre in Domiz Camp in Duhok, 100 persons visited the centre for individual counselling and information requests and 60 persons benefited from recreational activities, such as sewing, hairdressing and make-up.
- In Nergiz women’s centres in Erbil camps, 277 women visited the centres while 10 GBV cases were identified and managed. Some 400 families were visited for awareness raising on key GBV messages including early marriage and domestic violence, and more than 850 women and girls benefited from recreational activities.
- In Erbil host communities, Kasnazan, Rajan and Bahramand women’s centres, 180 women visited the centres for different requests including psychological support and 220 women participated in recreational activities.



The United Nations Under Secretary-General for Humanitarian Assistance in a visit to a psychosocial session organized by UNFPA in Khanke old school that houses 60 internally displaced families in Iraq. Credit: UNFPA, 2014/Millat Horiri

TURKEY

Gender-based violence supplies: A total of 2,376 hygiene kits were sent to Hama through the Syrian American Medical Society (SAMS), which has identified functioning health facilities in northern Syria and is in the process of preparing a distribution plan with the support of UNFPA in Gaziantep. UNFPA also provided 4,752 hygiene kits through the International Middle East Peace Research Center to Sirnak, Mardin and Batman for the Iraqi refugees fleeing from Syria to escape the attacks of IS and provided another 4,752 kits to Syrian Kurds arriving from Kobani to Sanliurfa-Suruc district.

Partnership: Grant agreements were signed with the International Middle East Peace Research Center and Syrian Social Gathering for establishing women’s counselling units with Arabic-speaking midwives at their clinics in Sanliurfa and Mersin. The preparations are ongoing for these two units and also for other two other units, one with the support of Harran University in Sanliurfa and the other with Life in Hatay.

SUPPORTING ADOLESCENTS AND YOUTH

IRAQ

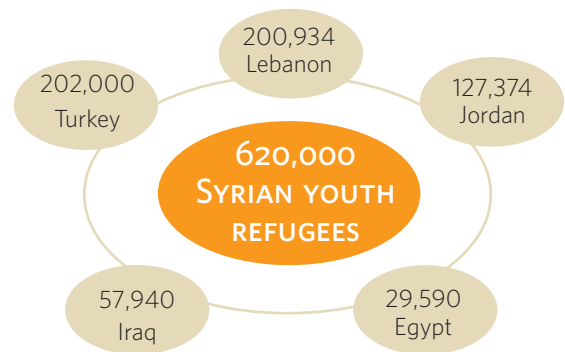
UNFPA inaugurated the first soccer field in Domiz Camp for Syrian refugees with the financial support of the Kuwait Government and the Union Bank of Iraq.

A football tournament organized by UNFPA included the participation of 12 teams from the camp.

UNFPA provided different training courses to around 135 Syrian refugee youth as follow: In Domiz camp, 19 youth participated in music courses, 19 youth participated in arts and painting courses and 24 youth participated in volleyball training in the youth space. In the Kawergosk camp in Erbil, 20 youth participated in peer education training and 14 youth participated in computer courses. In Darashakran camp in Erbil, 14 youth participated in computer courses peer education sessions and 25 youth undertook peer education training.



A football tournament organized by UNFPA with the participation of 12 youth teams from the Domiz Camp, Iraq. Credit: UNFPA, 2014.



Total number of Syrian youth refugees, UNCHR September 2014

COORDINATION AND CAPACITY BUILDING

REGIONAL

UNFPA conducted a regional humanitarian gender-based violence meeting with the participation of 10 GBV experts from seven United Nations agencies and international NGOs. The main objective of the meeting was to provide a space for GBV actors working on the Syria crisis to network, share information, tools and resources that are being used to respond to this crisis. The meeting provided an opportunity to discuss challenges, best practices/ lessons learnt and the needs for establishing a more regular forum for discussion and action.

SYRIAN ARAB REPUBLIC

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

UNFPA participated in the humanitarian needs overview meeting organized by OCHA in support of the preparation of the 2015 Syria Humanitarian Aid Response Plan (SHARP 2014) based on the "Whole of Syria Approach" initiative.

UNFPA participated in the series of meetings in Beirut on the Whole of Syria Approach, the "Rights-Up Front" approach and the programme criticality analysis.

LEBANON

UNFPA chaired the clinical management of rape (CMR) technical committee meeting, where members discussed and reviewed the post CMR training assessment tools, mandatory reporting and CMR trainings assessments and delivery of kits.

The 3RP (Regional Refugee and Resilience Response Plan) planning process for the sexual and gender-based violence sector (SGBV), was co-chaired by UNFPA with the participation of the SGBV task force. The meetings mainly focused on discussing priorities for 2015/2016 as well as possible shifts of strategy to further enhance the resilience and stabilization components within the SGBV programming approach.

The 3RP planning process for the health sector focused on discussing the sector strategic response plan for 2015/2016 as well as the results-based framework and related indicators.

UNFPA carried out a series of consultations with the midwifery school at Saint Joseph University to discuss the possibility of introducing a GBV course to midwifery students. These consultations resulted in an agreement for offering the course in 2015 with the support of UNFPA. The course will include a significant segment on GBV in humanitarian settings.

JORDAN

The GBV sub-working group hosted a mission from the GBV Area of Responsibility (AoR). The purpose of the mission was to field-test the revised *Guidelines for Integrating Gender-based Violence Interventions in Humanitarian Action*. These guidelines are an important tool in assisting all humanitarian actors to better meet their pro-

tection responsibilities related to the prevention and mitigation of gender-based violence. During the week-long mission, the consultants met with sector leads, donors, government representatives, and senior managers.

Information compilation and sharing has started through the GBV information management system (GBVIMS), where participating agencies collected, compiled and analyzed related data for the period May - July 2014.

The SGBV sub-working group finalized and endorsed a position paper on "Women and Girls Safe Spaces". The paper elaborates a common definition of women's spaces, as well as guiding principles and other basic standards to be considered to set up and manage women and girls safe spaces. It can be accessed at: http://data.unhcr.org/syrianrefugees/working_group.php?Page=Country&LocationId=107&Id=35

A Jordan gender-based violence dashboard analysis has been developed and is available on:

Gender 'Traffic Lights': <http://data.unhcr.org/syrianrefugees/download.php?id=6964>;

Gender Dashboards: <http://data.unhcr.org/syrianrefugees/download.php?id=6966>

UNFPA co-chaired the youth task force group in Zaatari camp organized in close cooperation with the Norwegian Refugee Council. One initiative was a two-day youth task force retreat for 34 members aiming to identify a clear strategy for the coming year.

IRAQ

UNFPA co-chaired and participated in five GBV coordination meetings, in Erbil and contributed to the development of the GBV coordination mechanism strategy.

UNFPA participated in the weekly health and protection coordination meetings and in the bi-weekly camp coordination meetings in Domiz and Erbil camps.

TURKEY

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

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

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

EGYPT

UNFPA participated in the health working group, protection group and the SGBV sub-working group meeting, which discussed the development of the 2015 Regional Refugee and Resilience Plan (3RP) in accordance with the regional response recommendations.

CHALLENGES

SYRIA ARAB REPUBLIC

The timely delivery of humanitarian assistance, especially in light of the of the Security Council Resolution 2139 and 2165, is challenging due to evolving security conditions especially following the airstrikes in the north-eastern governorates.

The volatile security conditions and, especially, the blockage of the Beirut - Damascus main road along with communication challenges between the central and governorate levels are delaying the delivery of humanitarian assistance.

LEBANON

The security instability and shortages in specialized staff, especially in the area of reproductive health, adversely affect capacity to address refugee needs. This also affects the ability to support resilience and medium and long term government plans.

JORDAN

There are challenges in deploying qualified gynaecologists and obstetricians for new reproductive health centres in the camps since most of local female obstetricians have their own private clinics and do not accept full time outside employment; the majority of refugees have expressed a strong preference for female obstetricians and health workers.

High turnover between health care professionals has led to interruption of some services, and there is continuous demand for capacity building of new staff.

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

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

The postponement of the opening of the maternal hospital in Azraq due to the delay in signing the memorandum of understanding between the International Federation of Red Cross and Red Crescent and the Ministry of Health has left the camp

with no identified place for normal and Caesarean-section deliveries, of putting women's lives at risk.

IRAQ

As a result of the IDP crisis, all actors face workloads that prevent proper monitoring of camps where Syrian refugees are living.

Inadequate staffing in GBV programming, both within UNFPA and its implementing partners, is making it difficult to cope and manage the complex needs in Iraq since the Mosul and Sinjar crises have presented new and complex issues.

Inaccessibility to some areas due to security prevents implementing partners from providing GBV services to survivors.

TURKEY

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

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

Synergistic integration of reproductive health and GBV programmes among all related sectors require more support.

Host community protests and violence are escalating. Sustainability issues pose a major problem as peace initiatives have not overcome conflicts. Social tension between Turkish locals and Syrian refugees is continuing to escalate across the country. Moreover attacks and lynching attempts against Syrian refugees have raised serious concerns.

Significant changes have been made in the structure and leadership of the Turkish Ministry of Family and Social Policies and Ministry of Health (MOH). The MoH structural changes at central and provincial levels loosen the integrated primary health care, particularly affecting reproductive health.

DONORS & PARTNERS

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

UNFPA 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).

UNFPA IMPLEMENTING PARTNERS IN LEBANON: Lebanese Family Planning Association, Ministry of Public Health, Ministry of Social Affairs, Palestinian Red Crescent Society, Humedica, Makhzoumi Foundation, Amel Association, International Medical Corps and Caritas Lebanon, KAFA ("Enough Violence and Exploitation"), Akkarouna, INTERSOS, SHEILD, LOST, Heartland Alliance, Makassed Primary Health Care Centers, Mazloum Hospital and International Organization for Migration (IOM).

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

UNFPA IMPLEMENTING PARTNERS IN IRAQ: Ministry of Culture, Sport and Youth (MCSP), Ministry of Labor & Social Affairs (MLSA) and local NGOs.

UNFPA IMPLEMENTING PARTNERS IN EGYPT: Ministry of Health (MOH), Resala, Tadamon and FARD Foundation.

UNFPA IMPLEMENTING PARTNERS 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, NGOs including Woman Solidarity Foundation, the Turkish Medical Students' International Committee, and International Medical Corps (IMC).



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