



Syrian refugees participating in computer training course organized by Al Masala (UNFPA's implementing partner in Erbil). "I was sad to leave my house and friends, we had no choice because we were so afraid, we decided to move for a safer life. Now there is a new hope after gloomy days, I feel I have a power that may enable me to communicate with new friends, compete and find a job in the local market in Iraq." Credit: UNFPA, 2014.

HIGHLIGHTS

SYRIAN ARAB REPUBLIC: UNFPA provides 19,400 women with reproductive health and GBV services including emergency obstetric care, safe delivery and psychosocial support through 71 UNFPA-assisted health facilities. UNFPA provides reproductive health services including family planning services to 14,000 women and reaches 3,200 with reproductive health messages.

LEBANON: UNFPA develops manual on "Communication with Violence Survivors: A Teaching Manual for Health Care Providers" and launches the findings of a situation analysis of youth in Lebanon affected by the Syrian crisis.

JORDAN: UNFPA provides reproductive health services to 9,779 women and girls, supports the safe delivery of the first baby in Azraq camp and sensitizes 4,156 women with reproductive health messages. UNFPA initiates a national youth mapping, provides services to 136 GBV survivors, sensitizes 3,618 women, men, boys and girls on GBV-related issues and reaches 4,772 refugees through home-to-home visits in Zaatar camp.

IRAQ: UNFPA supports 1,055 women with reproductive health services. UNFPA recruits eight social workers to strengthen UNFPA psychosocial services in camp and non-camp settings.

EGYPT: UNFPA provides ten reproductive health kits for post-rape treatment, aiming to enhance the services provided to survivors.

TURKEY: As part of a joint cross-border humanitarian convoy by United Nations agencies, a UNFPA humanitarian truck containing 2,400 dignity kits crosses the Turkish-Syrian border to Aleppo.

HUMANITARIAN SITUATION

Now, in the fourth year of the conflict, there are 2.9 million Syrian refugees registered in the region. The number of refugees continues to increase and camps and informal settlements are growing, some into sizeable cities. The highest number of Syrian refugees - some 1.1 million - are in Lebanon, followed by Turkey (770,000), Jordan (600,000), Iraq (227,000) and Egypt (137,000), 75 per cent are women and children and 716,492 are women and girls of reproductive age. Host populations are being faced with high prices and scarcity of basic services while governments and humanitarian agencies are struggling to tackle the crisis given the current security situation and economic challenges.

More than 145,000 Syrian refugee families in Egypt, Lebanon, Iraq and Jordan - or one in four of all households - are headed by women facing a lone fight for survival, struggling to make ends meet and to maintain dignity and care for their families in run-down, overcrowded homes, insecure makeshift shelters and tents, according to a UNHCR report released early this month.

Syrian refugee youth in Lebanon are overburdened with anxiety and insecurity, with young woman in particular living in distress, suffer-

ing from poor living conditions, while fear of sexual harassment and exploitation and other factors restrict their mobility and encourage early marriage as a coping strategy, according to a report launched this month by UNFPA. In Jordan, a report released by UNICEF revealed that nearly one in three marriages among Syrian refugees involved a person under 18, often in response to poverty and fear of sexual violence; the proportion is rising for a second consecutive year. Common reasons for child marriage in Jordan are: alleviating poverty or the burden of a large family with many daughters; providing protection for young girls; continuing traditions (cultural or family); and serving as an escape for girls living in an abusive home environment.

In Syria, over half the country's population has been forced from their homes seeking peace. Of these, many are in informal settlements where they receive very little assistance. Around 6.5 million have been exiled in their own country, including 1.6 million of women and girls of reproductive age, and 432,000 pregnant women. An additional 240,000 women are besieged in Syria's contested cities. The population of Lattakia and Tartous has grown by 50 per cent with major economic implications in the two cities.

During the month of July, the United Nations' Committee on the Elimination of All Forms of Discrimination Against Women (CEDAW) reviewed women's rights in Syria and considered the second periodic report of the Syrian Arab Republic (CEDAW/C/SYR/2). Syria, along with 188 States that are signatories to the Convention, is required to submit regular reports to the 23 independent experts who evaluate the implementation of the Convention in the country. During the interactive dialogue with the State party delegation, the Committee raised a range of human rights challenges and violations facing women and girls in Syria.

Syrian displaced and refugees are vulnerable to growing hardships and risks. UNFPA and partners are scaling up efforts to achieve universal access to sexual and reproductive health (including family planning), promoting reproductive rights, reducing maternal mortality and improving the lives of youths and women by advocating for human rights and gender equality and by promoting the understanding of population dynamics. UNFPA believes that ensuring that the basic protection and assistance needs of every refugee are met in accordance with international standards is investing in the future of Syria and the stability of the region. Failing to provide the required level of humanitarian support to Syrian population through the Syrian Humanitarian Assistance Plan (SHARP) and the Regional Response Plan 6 (RRP6) would not only have dramatic consequences for each Syrian girl, woman, boy and man, but would also ultimately represent a heightened threat to peace and security in the region.

During the reporting period, a mid-year revision of the inter-agency regional response for Syrian refugees in Egypt, Iraq, Jordan, Lebanon and Turkey (RPP6) covering the second half of 2014 was released in a collaborative effort between 155 partners representing governments, United Nations agencies and international organizations, as well as refugees and host communities, under the overall leadership of UNHCR, in close coordination with the donor community, partners and NGOs. The partners revised the Syrian refugee population planning figure to 3.59 million people by the end of 2014 and reduced requirements by more than \$500 million, bringing the budget requirements to \$3.74 billion for the region.



An Internally displaced woman from Rural Damascus receives prenatal care at UNFPA-supported clinic in Damascus, Syrian Arab republic. Credit: UNFPA, 2014.

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
350,000 YOUTH

In Jordan

606,716 REFUGEES
151,679 WOMEN AND GIRLS OF REPRODUCTIVE (CHILD-BEARING) AGE
10,739 PREGNANT WOMEN

In Turkey

1,000,000 REFUGEES
250,000 WOMEN AND GIRLS OF REPRODUCTIVE (CHILD-BEARING) AGE
40,000 PREGNANT WOMEN

In Lebanon

1,095,293 REFUGEES
273,823 WOMEN AND GIRLS OF REPRODUCTIVE (CHILD-BEARING) AGE
19,386 PREGNANT WOMEN
165,692 YOUTH

In Iraq

217,192 REFUGEES
54,298 WOMEN AND GIRLS OF REPRODUCTIVE (CHILD-BEARING) AGE
3,844 PREGNANT WOMEN

In Egypt

138,275 REFUGEES
34,586 WOMEN AND GIRLS OF REPRODUCTIVE (CHILD-BEARING) AGE
2,476 PREGNANT WOMEN

SOURCE:
AFAD, UNHCR AND UNFPA, JULY 2014

SYRIAN ARAB REPUBLIC

The armed conflict continued between the Government of Syria and armed groups in many areas of Damascus, Rural Damascus, Hama, Aleppo and Deir ez-Zor. In parallel to this, several armed groups were fighting with the Islamic State for Iraq and Syria (ISIS) in Rural Damascus, and northeastern governorates. As such, cities bordering on the violence have witnessed an increased movement of internal displaced persons and refugees. Generally, there is a significant and rapid deterioration of the humanitarian situation in Syria, attested by the fact that the number of people in need of assistance has grown to 10.8 million, including 6.4 million internally displaced persons, over 4.5 million living in hard-to-reach areas, and that over 240,000 are trapped in besieged areas.

As such, it is estimated that around 2.7 million women of reproductive age are in need for reproductive health services, including 140,000 women residing in the cities and villages at the Syrian borders who have unmet needs for reproductive health and family planning services and safe delivery for 23,000 women in Rural Damascus, Aleppo, Idlib, Daraa, Al-Hasakeh, and Deir ez-Zor.

The reporting period was marked by the inauguration of the third term of President Al-Assad and the appointment of Staffan de Mistura as new United Nations envoy to Syria. Moreover, The Security Council adopted resolution 2165 calling on all parties to facilitate cross-border operations of humanitarian assistance and to improve the protection, social and health services for the affected people. The first cross-border convoy moved on 24 July from Turkey to Aleppo.

According to the Ministry of Health, by June 2014 out of 97 Ministry of Health hospitals, only 46 (47 per cent) are fully functioning, 29 (30 per cent) are reported as partially functioning, while 22 (28 per cent) are out of service. Five governorates, namely Aleppo, Daraa, Deir-ez-Zor, Homs and Rural Damascus, report the highest number of nonfunctioning public hospitals. Almost half of the hospitals in Rural Damascus are non-functioning. In Deir-ez-Zor none of the seven public hospitals are fully functioning, with two completely out of service. The functionality of hospitals continues to be hampered by deterioration of the security context, difficulties in delivering medicines and equipment to opposition-controlled, including besieged, areas, the fluidity of populations and by bureaucratic procedures imposed on humanitarian operations.

The deterioration in security conditions coupled with worsened food security, limited access to basic health services including reproductive health, inadequate drinkable water, poor hygiene, and sanitation is contributing to worsened conditions for women and girls, including difficulties in accessing reproductive health and GBV services.

Recent findings by the Syria Center for Policy Research indicates that three in every four Syrians lived in poverty by the end of 2013, with more than half of the population (54.3 per cent, including around 2.5 million woman at reproductive age) living in extreme poverty, unable to secure the most basic food and non-food items required for survival. Some 20 per cent of the population, including around 1 million women, survive in abject poverty where they are unable to meet their basic health and food needs. One consequence of these economic conditions is to expose women to greater risks of sexual abuse and GBV.

LEBANON

The number of registered Syrian refugees in Lebanon reached 1,095,293 as of 19 July, 2014. July has been marked by a return to insecure conditions with rocket exchanges on the blue-line separating south Lebanon from the occupied Palestinian territory, and confrontations between Nusra/ISIS fighters and Hizbollah in the neighborhood of Baalbeck in the Bekaa valley.

UNHCR revealed a decision to stop distributing the "cleaning baskets and the children baskets", which used to reach more than 120,000 refugee families on a monthly basis and to revise the refugee registration status.

The UNFPA situation analysis of youth affected by the crisis revealed that 55 per cent of youth had no knowledge of contraceptive methods. On the educational level, only a small minority - 6 per cent - of the surveyed youth are enrolled in formal education in Lebanon, due to displacement conditions and their financial situation. Syrian refugee youth are living in distress and general insecurity. Young women in particular suffer from poor living conditions, sexual harassment and exploitation, and other factors that restrict their mobility and encourage early marriage as a coping strategy. Forty-one per cent have, sometimes or often, thought of ending their lives and 53 per cent have never once felt safe in Lebanon.

Another assessment conducted by UNFPA on GBV-related interventions showed that the basic life-skills/problem solving programme is quite useful and needed, and has yielded good examples of how many women are better equipped with knowledge, skills, and approaches to deal with their conditions and situations including in areas related to GBV. However, there is need to engage more Syrian women, widen the scope of the issues tackled, engage men in the sessions, and develop a monitoring system to be able to better assess its impact.

JORDAN

Jordan is witnessing violence, instability, and invasion in most of its neighbouring countries. The fighting in Syria continues to grow and has spilled over into Iraq where extremist groups are causing

internal instability and insecurity, while the recent conflict between Palestine and Israel puts Jordan under tremendous pressure. Jordan continues to require substantial support in the face of multiple crises that risk stretching the country to the breaking point. Waves of refugees have put heavy pressure on scarce water resources, increased competition for jobs amid high unemployment, and stretched its health and education services to the limit.

By July 2014, around 606,716 people had fled their homes in Syria to reach Jordan and are now living in urban and rural contexts, camps and other collective centres. Over 70 per cent of these are women and children, with 20 per cent living in refugee camps and 80 per cent in communities.



Her Majesty Queen Nour Al-Hussein visiting the UNFPA-supported reproductive health clinics and women's safe space at Murajeeb El Fohoud, Eimarat Jordanian Camp. Credit: UNFPA,2014.

IRAQ

Violence is spreading to many parts of the country and the situation facing Iraqi as well as Syrian women and girls of reproductive age is extremely alarming. Basic needs such as shelter, water, food are necessary for internally displaced persons as well as refugees who are coming in to the Kurdistan Region seeking refuge. Medical facilities, services and supplies are required in particular for girls and women of reproductive age (specifically those who are pregnant). The deteriorating security situation in Iraq and the accompanying displacement of thousands of people has put a huge burden on the Government of Kurdistan and threatens the humanitarian response of United Nations agencies to deal with the two crises at the same time and changing priorities in donors funding to response to Mosul crisis. UNFPA is concerned that 250,000 women and girls are in need of urgent care, 20,000 women and girls among the displaced persons would be at increased risk of sexual violence, 60,000 pregnant women need reproductive health services, and 1,000 pregnant women will encounter life-threatening complications each month.

EGYPT

New arrivals of Syrians into Egypt have been nominal since the introduction on 8 July 2013 of visa requirements for Syrians entering the country. UNHCR has registered 138,275 refugees, of which 48.7 per cent are female. Most Syrians in Egypt are scattered in urban neighbourhoods, renting and sharing accommodation, and benefit from access to public education and health care.

TURKEY

According to the Prime Ministry's Disaster and Emergency Management Presidency (AFAD), the total number of registered Syrian refugees inside camps reached 219,227, distributed in 22 camp sites in ten provinces: Hatay, Sanliurfa, Gaziantep, Kahramanmaraş, Osmaniye, Mardin, Adana, Adiyaman, Malatya, and Kilis. Moreover, there are an estimated 580,230 Syrian refugees living outside of camps in cities in the south-eastern region and in major cities in Turkey. The estimated number of women and girls of reproductive age is almost 250,000, of which 40,000 women are pregnant.

Refugees pose an economic and social burden in host communities, which are competing for already limited social services, employment, and other economic opportunities. The security situation in Iraq and Syria has escalated the instability in the region with a risk of receiving a new influx of refugees needing humanitarian aid.

HUMANITARIAN RESPONSE (1 - 31 JULY 2014)

SEXUAL AND REPRODUCTIVE HEALTH, INCLUDING FAMILY PLANNING

SYRIAN ARAB REPUBLIC:

Reproductive health services: Addressing the needs in Damascus, Rural Damascus, Aleppo, Hama, Tartus, Latakia, Deraa and Homs, UNFPA-assisted implementing partners provided 14,000 women with reproductive health services, including emergency obstetric care, safe delivery and family planning services.

Reproductive health awareness sessions: Mobile teams supported by UNFPA implementing partners reached out to 3,200 women residing in Damascus, Rural Damascus, Homs, Aleppo, Tartus, and Hama with messages on reproductive health and family planning.

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

LEBANON:

Reproductive health supplies: UNFPA distributed reproductive health kits for post-rape treatment to Baabda Governmental University Hospital and procured reproductive health commodities to be distributed to the Ministry of Public Health's primary health care centres covering the needs of both for Syrian and Lebanese communities.

JORDAN

Reproductive health services: A total of 9,779 women and girls benefited from reproductive health services during the month, including services for family planning, ante-natal care, post-natal care, sexually transmitted infection management, delivery, and other gynaecological services.

In the new Azraq camp, UNFPA through its implementing partner, the International Medical Corps, offered reproductive health services to around 2,900 women and girls of reproductive health in its clinics and carried out the safe delivery of the first baby in a UNFPA-supported clinic in Azraq camp, provided medical support to a delivery that took place in an ambulance while being referred to the hospital and referred a complicated case to Totanji hospital.

Reproductive health supplies: UNFPA in collaboration with UNICEF supported the Institute for Family Health with 100 baby kits and 100 mother kits to cover the needs for 6 months in Cyber City, King Abdalla and Emirate Jordanian camps. In response to the increase demands of family planning services, UNFPA supplied the Ministry of Health with family planning methods such as oral contraceptives, IUDs, condoms and injections.

Reproductive health awareness: As part of the reproductive health awareness campaign, "tent to tent", individual awareness-raising and group sessions took place in Zaatari camp on reproductive health and family planning targeting 88 women. In addition, UNFPA was able to reach 50 households on a daily basis through the distribution of leaflets to tents as well as reaching 500 women on a weekly basis through the distribution of "edutainment" health leaflets in the women centres in the camp.



UNFPA organizing a reproductive health campaign. The gynaecologist Raya Al Zoboun providing reproductive health awareness to women at UNFPA-supported clinic in Zaatari camp. Credit: UNFPA, 2014.

A total of 4,156 women, girls, men and boys in the camps and communities benefited from the awareness sessions that took place at UNFPA-supported centres and information materials were distributed on family planning, early marriage, psychology, personal hygiene, sexually transmitted infections, nutrition, and vaccination for pregnant/lactating women and girls.

IRAQ

Reproductive health services: The UNFPA-supported reproductive health clinics in the camps provided services to 1,055 women of reproductive age as follows: a total of 726 women received antenatal care, of which 301 cases were new, 305 person received family planning services and 24 women received postnatal care services.

GENDER EQUALITY AND WOMEN'S EMPOWERMENT

SYRIAN ARAB REPUBLIC

Gender-based violence services: During the reporting period, UNFPA-assisted Syria Arab Red Crescent and Syrian Family Planning Association (SFPA) mobile teams and clinics delivered medical examinations, psychosocial and psychological first aid services to around 2,200 women in the affected areas of Damascus, Rural Damascus, Idlib, and Tartus.

LEBANON

Gender-based violence services: UNFPA provided GBV services at Al Marj listening and counseling centre run by the KAFA NGO to 92 women as follows: seven women received social counseling, six benefited from legal counseling, 16 women (6 new cases and 10 follow up) received psychotherapy; 15 cases was referred for other services and 48 women participated in eight sessions of art therapy.

Gender-based violence outreach: A total of 95 women participated in three awareness-raising sessions organized by UNFPA-supported listening and counseling centre in Al Marj (Bekaa) aiming to address different GBV issues such as gender equality, violence against women, and couple conflicts.



Two Syrian young girls in the UNFPA-supported children's space at the listening and counseling centre in Al Marj (Bekaa). Credit: KAFA, 2014., Ghada Hawari.

Gender-based violence training: A total of 60 trained women were selected from the training-of-trainers programme on basic life-skills and assigned to facilitate two peer-to-peer sessions aiming to transfer their knowledge and skills to women from the host and refugee communities and reduce their vulnerability towards gender-based violence and other hardships. Six social workers monitored and evaluated the 120 sessions that took place in Halba (Akkar), Minyeh (Tripoli), Baalback, Bint Jbeil, and Kfarsir, reaching around 1,800-2,400 women aged 15-45.

Gender-based violence materials: A manual in English entitled "Communication with Violence Survivors: A Teaching Manual for Health Care Providers" was developed through UNFPA's support and piloted between May and June targeting more than 100 health care providers. During the reporting period, the manual was finalized and printed to be distributed to health care providers at the primary health care level.



Training of trainers on basic life-skills delivered by the Women Charity League, in Halba, Credit: WCL, 2014, Anita Nassar.

JORDAN

Gender-based violence services: A total of 136 GBV survivors have sought assistance in UNFPA-supported spaces and benefited from the different services, such as case management, psychosocial and legal representation and referral to other specialized centres.

During this month, UNFPA and its partners provided safe reception services to 713 female-headed households and their 1,356 dependents in the reception area in Azraq camp. An average of 45 women per day utilize the protection services where the teams in the reception facilitate the allocation of shelter and distribution of non-food items, and do screening for health and protection concerns.

In Azraq camp, UNFPA and the International Medical Corps incorporated computer skills and literacy courses into the life-skills programme, based on feedback collected through focus group discussions with volunteers and beneficiaries. UNFPA initiated a child-care service session for women participating in life-skills activities and organized a two-day awareness session for 25 women covering such topics as breastfeeding, nutrition, hygiene and the availability of GBV services.

Gender-based violence awareness sessions: A total of 3,618 women, girls, men and boys were sensitized on GBV issues, services available and referral pathways, both in camps and communities through awareness-raising sessions.

UNFPA, through its partner the International Rescue Committee, was able to reach 4,772 refugees through home-to-home visits in Zaatari camp.

Gender-based violence training: The Ministry of Health in collaboration with UNFPA conducted six training workshops to strengthen the capacity of 121 health service providers on caring for GBV survivors, reaching 71 female and 50 male staff in Amman, Irbid and Zarqa.

SUPPORTING ADOLESCENTS AND YOUTH

IRAQ

More than 150 women and girls benefited from the weekly awareness sessions on early marriage, family planning and domestic violence carried out in the women's spaces during the recreational activities (hairdressing and make-up).

A total of 28 women and girls benefited from women social centre services: 15 referrals, 9 cases for psychosocial support, 2 GBV cases of domestic violence, and 11 follow-up cases.

UNFPA recruited eight social workers to strengthen psychosocial services in camp and non-camp settings. In addition, two additional outreach volunteers were appointed in each camp and non-camp setting.

A workshop on the roll-out of SGBV standard operating procedures was organized by UNFPA GBV team for non-camp settings in Erbil governorate.

EGYPT

UNFPA provided MSF, Save the Children, Refugee Egypt and Caritas Egypt with 10 reproductive health kits for post-rape treatment, aimed at enhancing the services provided to GBV survivors enabling them to have access to post-exposure prophylaxis for HIV, emergency contraception and other medical needs.

UNFPA supported an Iftar for 200 Syrian female-headed households in 6th of October city (suburb of Cairo). Different health awareness messages were disseminated to Syrian families by the partners, including GBV awareness (preventing GBV, responding to GBV and where to access services). The health awareness sessions also included a session on HIV prevention.

TURKEY

As part of the first cross-border humanitarian convoy, UNFPA has sent 2,400 dignity kits to be distributed in Aleppo through UNFPA's implementing partners. This is a follow-up on the implementation of Security Council Resolution 2165 that calls for delivering humanitarian assistance through cross-border operations from Turkey, Iraq and Jordan.

UNFPA conducted a monthly visit to Nizip Camp to follow up the GBV programme and to establish the process for women's tent gatherings.

LEBANON

Youth assessment: On the occasion of World Population Day, UNFPA organized a dissemination meeting pertaining to the findings of the "Situation Analysis of Youth in Lebanon Affected by the Syrian Crisis" conducted by UNFPA in partnership with UNICEF, UNESCO, UNHCR and Save the Children International. The meeting gathered a number of representatives from embassies, governmental institutions, United Nations agencies, international and national NGOs, academia, media and youth.

Production of supporting materials: UNFPA produced and distributed a booklet briefing the rationale, objectives, methodology, sample selection, challenges and limitations related to the execution of the youth situation analysis, summary cards of the findings, and an electronic version of the complete report.



The Resident Coordinator and Humanitarian Coordinator, Mr. Ross Mountain, and the research team highlighting the importance of addressing youth issues during the launching of the findings of the "Situation Analysis of Youth in Lebanon Affected by the Syrian Crisis". Credit: UNFPA, 2014.

JORDAN

UNFPA initiated a national youth mapping aiming to develop a database on youth-related interventions including, names, address, scope of work, achievements and obstacles of NGOs/CBOs, informal groups (youth initiatives), donors and United Nations agencies concerned with youth in Jordan. UNFPA started the mapping process by meeting youth task force team members and presenting the methodology of the mapping and registering it on the UNHCR website portal.

The Institute of Family Health in collaboration with UNFPA has reached out to 743 youth (365 young women and 378 young men) in the Emirati Jordanian Camp, Cyber City Camp, King Abdullah Park Camp, Amman and the Jordan valley, where youth participated in life-skills and recreational activities. In collaboration with the International Rescue Committee, UNFPA organized youth activities for 90 girls and 153 boys in Zaatari camp.

IRAQ

A movie evening at Sardam youth space was held in Domiz camp in cooperation with the directorate of theatre and arts. Around 20 Syrian youth watched a documentary film; afterwards a facilitated discussion took place on key issues and values of the film.

COORDINATION AND CAPACITY BUILDING

SYRIAN ARAB REPUBLIC

UNFPA discussed with the Ministers of Higher Education and Social Affairs the possibility of increased coordination to mitigate the negative consequences of the crisis on affected people, including GBV survivors, and to improve work effectiveness and efficiency and to better serve affected persons with reproductive health services, including response to GBV.

UNFPA had a meeting with representatives of DFID (UK Aid) to discuss the progress of joint projects and to highlight elements that are impacting positively or negatively on the delivery of humanitarian assistance.

UNFPA had a meeting with the American University of Beirut to follow up on the research on the dynamics affecting the accessibility of GBV survivors (refugees and IDPs) to health services in Syria and the neighbouring countries.

LEBANON

UNFPA chaired the clinical management of rape (CMR) technical committee meeting with the participation of representatives of UNHCR, WHO, UNICEF, IRC, and ABAAD. Members agreed to develop post-training assessment tools; discussed legal opinions on mandatory reportings and its impact and discussed the availability of hepatitis B and tetanus vaccines in CMR centres. UNFPA informed the group of the ongoing work with the Ministry of Public Health for the revision of the reproductive service delivery guidelines that will ensure the inclusion of a CMR national protocol.

UNFPA co-chaired the gender-based violence task force meeting and discussed with the team the validation process of the standard operation procedures; the impact of Syrian crisis on women and girls; and the new GBV information management system project.

JORDAN

UNFPA co-chaired the bi-weekly reproductive health coordination meeting in Zaatri to discuss the awareness campaign including new information, education and communication materials, data collection tools, the quality of reproductive health data and services provided, referral systems and challenges. Moreover, the members discussed conducting an awareness campaign on early marriage among girls.

In Zaatri camp, the first safety audit (July –August 2014) kicked off in early July. It is a joint initiative of the Zaatri protection working group, SGBV sub-working group and child protection sub-working group that aims to understand the broader safety measures and security risks in the camp and improve the quality of services through monitoring progress, identifying areas of concern and promoting practical solutions.

The GBV sub-working group continued the mapping process of 40 safe spaces in Jordan, and discussed a position paper on standards and definitions.

IRAQ

UNFPA co-chaired the bi-weekly SGBV sub-working group meeting and weekly protection meetings in Erbil and bi-weekly meetings at the camp level (protection/coordination) in the governorates of Duhok and Erbil. During the reporting period, UNFPA and its partners endorsed the ToRs and strategy of the SGBV working group.

TURKEY

UNFPA participated in the “Response Plan for Humanitarian Operations from Turkey” workshop organized by OCHA in Gaziantep. The workshop highlighted the process of developing a response plan, the roles of partners in implanting the Syria assessment and monitoring initiative, the link between the Emergency Response Fund (ERF) and the response plan, and monitoring of implementation of the joint activities.

UNFPA visited a humanitarian international NGO “Syrian Social Gathering” working in Mersin, where 200,000 Syrians reside in urban settings. The INGO provides social support to the registered Syrian refugees and medical support in its out-patient clinic. UNFPA pledged to support the INGO with a woman’s health counseling unit to be able to provide counseling and listening services to refugees visiting the INGO.

In July, UNFPA participated in the United Nations Task Force weekly meetings in Ankara, field sector coordination meetings in Gaziantep and GBV Working Group monthly meetings at the Ministry of Family and Social Policies.

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

CHALLENGES

SYRIAN ARAB REPUBLIC

- Lengthy and bureaucratic operational requirements have caused delays due to negotiations on approved quantities and inclusion of relief supplies and medicines. The procedures for truck movement and additional screening and processing at checkpoints are hindering the timely delivery of humanitarian assistance to affected and besieged areas.
- The limited number of qualified international and national NGOs in the governorates and cities at the Syrian borders is a constraint affecting the coverage of emergency obstetric care and safe delivery and is increasing unmet needs for family planning for around 125,000 women in these cities.
- Mainstreaming of gender issues in the overall humanitarian response is challenging due to the sensitivity of gender issues and the inadequacy of qualified service providers who can tackle this sensitivity appropriately.

LEBANON

- The volatile security and political situation is impeding continuity in implementation in some locations and quite often restricts staff movements.
- Shortage in funding for sustaining programme interventions has required re-prioritization of projects.
- Shortage in staffing, namely GBV and reproductive health specialists, is affecting programme delivery.
- Syrian refugees are scattered in more than 1,800 locations, making it difficult to concretely measure impact of interventions.

JORDAN

- The absence of a referral hospital in Azraq camp is a major challenge; there is lack of adequate trained staff able to provide secondary care for complicated cases.
- 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 a continuous demand for capacity building of new staff.
- The delay in signing 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,

putting women's lives at risk.

- The inability to reach cases by phone creates a challenge to arrange visits and implement protection programmes.
- UNFPA is concerned about the increasing trend of post-abortion cases in Zaatari camp and in the delay in referrals due to the burden on public health facilities.

IRAQ

- The security situation threatens the humanitarian response for the Syria crisis in Iraq.

TURKEY

- Host community and humanitarian services are negatively affected by continuous conflict in areas close to border regions with Syria and Iraq. The increased number of displaced people from Iraq who are in high need of humanitarian aid as a result of the crisis in Mosul poses another challenge.
- Significant organizational changes in the structure and leadership of the Ministry of Family and Social Policies and the Ministry of Health have presented challenges for the coordination and implementation of programmes.
- Shifting the response from short-term to long-term conflict response programmes requires building the capacities of all partners and proper synergistic integration of reproductive health and GBV programmes with all related sectors.

DONORS & PARTNERS

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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), NCFCA (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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