



The Syrian Arab Red Crescent (SARC) mobile team supported by UNFPA delivering reproductive health supplied to Idleb through the United Nations interagency convoy into northwest Syrian Arab Republic. Credit: SARC, 2014.

HUMANITARIAN SITUATION

Syria is now the most pressing humanitarian crisis in the world; it reached another warning milestone, passing the three-year mark with no clear sign of an end to the death, destruction and suffering that have plagued the Syrian people since 2011. The tragedy of this crisis weighs heavily on hundreds of thousands of lives and livelihoods that have been lost or destroyed, the families torn apart, the communities made to suffer. Ten million Syrians are affected directly by the crisis; over 6.5 million are now displaced from their homes, almost three million seeking refuge in neighboring countries which themselves are under stress, suffering serious economic and social challenges.

Women and children, who make up 75 per cent of the total affected population, are suffering and need urgent assistance. Around 2.5 million are women and girls of reproductive age, of which more than 372,000 are pregnant, some 1.6 million are internally displaced while more than 500,000 are sheltering in neighbouring countries.

Every woman has the right to have access to affordable reproductive healthcare and be protected from gender-based violence (GBV). 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

HIGHLIGHTS

SYRIAN ARAB REPUBLIC: UNFPA provides reproductive health services to 16,500 women, supports 600 women to deliver safely through reproductive health vouchers, and raises the awareness of 9,500 internal displaced persons on reproductive health issues. UNFPA delivers psychosocial and psychological first aid services to around 2,500 women, including 320 GBV survivors.

LEBANON: UNFPA conducts 25 awareness sessions on reproductive health for 1,320 refugee women, 81 training sessions on GBV for 700 refugee women in North, South, Mount Lebanon, and Bekaa and organizes GBV-related social counseling, psychotherapy, legal consultation and awareness sessions to 410 refugee women.

JORDAN: UNFPA establishes three women centres and reproductive health clinics in Azraq camp and expands one clinic in Zaatari camp. UNFPA provides 8,577 women and girls with reproductive health services and sensitizes 11,798 refugees on GBV-related issues.

IRAQ: UNFPA establishes an athletic field for youth programmes in Domiz camp in Dohuk and establishes three youth spaces in Basirma, Darashakran and Kawargosek camps in Erbil.

TURKEY: UNFPA completes a GBV pilot programme in Nizip camp and develops a guide on "GBV focused psychosocial first aid intervention with Syrians in Turkey". UNFPA distributes 535,000 brochures on "the protection of family in Turkey" in Arabic and 527,500 in Turkish to all Syrian refugees inside the camps and in host communities and starts to establish reproductive health counseling units for Syrian women in urban areas.

EGYPT: UNFPA trains 160 doctors and nurses working in primary health care units in Sharkia where many of the Syrian refugees in Cairo reside.

for human rights and gender equality and by promoting the understanding of population dynamics. UNFPA and partners face a complex operational environment and a shortage of funds to implement the programmes called for in the Syrian Humanitarian Assistance Plan (SHARP) and the Regional Response Plan 6 (RRP6).

SYRIAN ARAB REPUBLIC

The overall security situation in the country remains tense and volatile with ongoing besiegement and active conflict, especially in areas of Damascus, Rural Damascus (Mlieha and Yabrood), Homs, Rural Latakia, Deir-ez-Zor and Aleppo. An increased trend of mortar shelling on Damascus was observed in parallel with the initiation of the presidential election process. Military operations, clashes and mortar shelling, coupled with long waiting times at check points, prevent the access of reproductive health staff and beneficiaries to health facilities in many areas. Moreover, the prevailing security conditions increase the risks that women and girls face, exposing them to different types of GBV.

UNFPA implementing partners have reported an increase in cases of sexual exploitation, especially in the hot spots and besieged areas. In Aleppo, it was reported by UNFPA's implementing partners

that families are relying on females for money. There are anecdotal reports of sex being exchanged for commodities. Effective GBV prevention and response programmes that follow international protocols, especially on the clinical management of rape, are limited due to the scarcity of qualified partners, limited number of staff, inadequate financial resources and limited presence of United Nations hubs in the governorates.

The UNFPA-assisted Syrian Family Planning Association clinics in Damascus and Rural Damascus reported an increased attendance at GBV services from 382 in January to 1,047 and 2,026 in February and March 2014, respectively. The increased demand for pre-marital counseling and the treatment of vaginal hemorrhage and sexually transmitted infections have generated anecdotal evidence of increased GBV incidents among the violence-affected women in Damascus and Rural Damascus.

The follow-up and implementation of the Security Council Resolution 2139 is challenging due to the lack of information about the needs in the besieged areas and the refusal to send health supplies including reproductive health commodities to the areas that are not under the control of Government. For instance, several interagency missions and convoys to Douma and Moaadameya (in Rural Damascus) have been postponed several times due to security related challenges and difficulties to liaise with different parties. The result of these restrictions means that when aid is sent in health and reproductive health supplies are not being prioritized in the delivery of assistance. Monitoring the outcome of the health humanitarian response for internally displaced persons residing in urban areas is still challenging due to limited access and capacity of partners to provide timely and quality reports on needs and delivery of response. Despite these considerable challenges, UNFPA is continuing to deliver life-saving reproductive and GBV services through its implementing partners, including 360 static clinics and hospitals as well as 30 mobile teams operating throughout the country.

UNFPA supported the dissemination of the findings of the Ministry of Social Affairs-led assessment on the status of women in shelters in Damascus among national and international humanitarian actors. The study highlighted an increased trend of GBV among women in shelters and the importance of improving the infrastructure of shelters to enhance the protection of women, increase the privacy of internally displaced persons, and improve the hygiene conditions. The assessment also highlighted the importance of enhancing the coordination among the NGOs and mobile teams to improve humanitarian assistance; raising the awareness of women on premarital counseling, GBV and psychosocial support; initiating micro financing projects enabling women to generate income; and improving the ethics of voluntary work ensuring that codes of conducts and "GBV zero tolerance approaches" are in place.

According to the Ministry of Health (MoH) records obtained through a joint interagency mission to Aleppo, only three to four deliveries per day are conducted by the MoH Maternal Hospital. This low number of deliveries indicates that women deliver at home or are paying high prices to access private hospitals. Women are also accessing delivery services through the free reproductive health voucher program at the Ministry of Higher Education hospital. The anecdotal evidence generated through implementing partners service providers showed that woman go to private hospitals as they find the public ones to be of poor quality with limited access to reproductive health facilities especially in Aleppo, Rural Damascus, Homs and Deraa. Middle to high income women can afford the cost of services at private hospitals but the poor cannot.

UNFPA's support to three Syrian Family Planning Association clinics and its pro-poor approach has resulted in an approximate 30 per

AT A GLANCE:

In Syria Arab Republic

9.3 MILLION PEOPLE AFFECTED
2.3 MILLION WOMEN AND GIRLS OF REPRODUCTIVE (CHILD-BEARING) AGE
372,000 PREGNANT WOMEN
280,000 YOUTH

In Lebanon

1,001,543 REFUGEES
235,524 WOMEN AND GIRLS OF REPRODUCTIVE (CHILD-BEARING) AGE
16,934 PREGNANT WOMEN

In Jordan

589,792 REFUGEES
145,416 WOMEN AND GIRLS OF REPRODUCTIVE (CHILD-BEARING) AGE
11,102 PREGNANT WOMEN

In Iraq

221,316 REFUGEES
44,378 WOMEN AND GIRLS OF REPRODUCTIVE (CHILD-BEARING) AGE
3,190 PREGNANT WOMEN

In Turkey

720,000 REFUGEES
175,000 WOMEN AND GIRLS OF REPRODUCTIVE (CHILD-BEARING) AGE
13,629 PREGNANT WOMEN

In Egypt

136,855 REFUGEES
34,358 WOMEN AND GIRLS OF REPRODUCTIVE (CHILD-BEARING) AGE
2,470 PREGNANT WOMEN

SOURCE: AFAD, UNHCR AND UNFPA, MAR 2014

cent increase in the provision of reproductive health services from 4,100 reproductive health services in January 2014 to 8,300 (February) and 13,400 (March) as illustrated in the chart below. Similarly, the number of women that have received reproductive health services including emergency obstetric care through the Obstetric and Gynecological University Hospital in Damascus increased from 1,110 in January to 1,237, 1,482, and 1,580 in February, March, and April 2014, respectively.

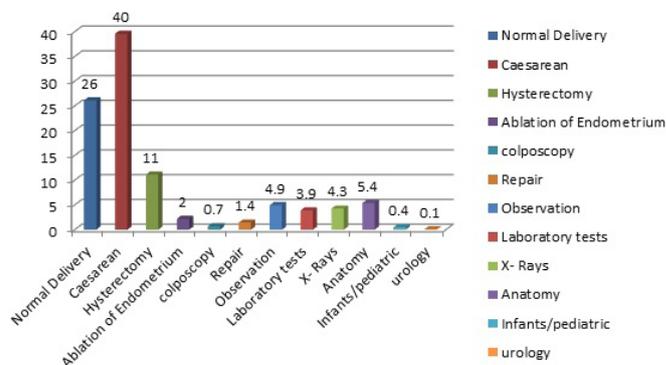


Figure shows the percentage of women who received reproductive health services in the Obstetric and Gynecological University Hospital in Damascus during the months of January, February and March in 2014.

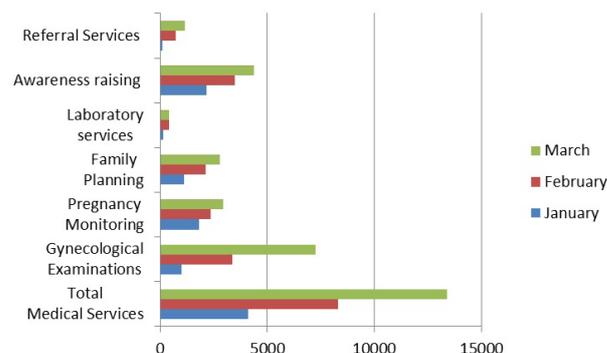


Figure shows the number of women who received reproductive health services in the Obstetric and Gynecological University Hospital in Damascus during the months of January, February and March, 2014.

LEBANON

In April, the number of registered Syrian refugees hit one million, making Lebanon the largest host of Syrian refugees. As of 3 April, the total number of Syrian refugees, according to UNHCR, was 1,001,543 and an additional 47,917 refugees were awaiting registration.

There were several sporadic influxes of new arrivals throughout Lebanon. Local authorities in Bekaa and Shebaa, for instance, reported an arrival of about 535 refugees from Al-Ward and Beit provinces in Syrian Arab Republic. New arrivals were moved to existing settlements.

The Lebanese Armed Forces (LAF) are still preventing access to Tfail provinces in Lebanon because of insecurity. This hindered determination of the number of Syrian refugees who reportedly fled the Qalamoun area to seek refuge in Tfail.

The month of April saw the preparation of the presidential elections. The first parliamentary session was held on 23 April which failed to elect a new president for lack of quorum. There were various security incidents in April such as abduction and assault of citizens, open fire and attacks at army check points, grenade attacks, arrests of suspects, rocket strikes on Lebanese territories, several demonstrations and protests called by workers unions and other syndicates in demand for improved wages. Despite that, UNFPA was still able to carry out missions to accessible areas.

With residential rents continuously on the rise, more refugees are finding themselves unable to afford accommodation and provide shelter for their families. Agencies continued working alongside the Ministry of Social Affairs (MOSA) to identify and provide refugees with suitable rent-free shelter solutions. UNHCR continued to discuss with the Government of Lebanon the possibility of formal settlement options with a capacity of 10,000 to 20,000 persons in secure locations. To date, approval has been limited to three small settlements, accommodating about 550 refugees. Newly arrived families received bread, food kits, e-cards, plastic sheeting and other relief items through local humanitarian NGOs and available contingency stocks.

JORDAN

In April, around 600,000 Syrian refugees were living in urban areas, camps and collective centres in Jordan. Over 70 per cent of these are women and children, with 20 per cent living in refugee camps and 80 per cent in communities. UNFPA is working with national and international implementing partners to provide needed services for around 145,416 women and girls of reproductive age and vulnerable Jordanians living in the areas most affected by the crisis.

IRAQ

The total number of Syrian refugees in the Kurdistan Region in Iraq remains fairly stable with a total of 221,316 people in April, with almost 44,000 women and girls of reproductive age and 3,000 pregnant women.

Iraq, including the Kurdistan Region, is going through parliamentary elections and the political situation is overshadowing humanitarian or developmental interventions.

The scarcity of resources threatens the humanitarian response to the Syria crisis in Iraq. UNFPA has already reduced the level of intervention at the four youth spaces and seven women centres in and outside the camps, including reducing its outreach activities. However, the health services are still functioning with around 25 doctors and midwives providing services for Syrian refugees in the seven camps.

TURKEY

According to the Prime Ministry's Disaster and Emergency Management Presidency (AFAD), the total number of registered Syrian refugees inside camps reached 220,242, spread across 22 camp sites in ten provinces; Hatay, Sanliurfa, Gaziantep, Kahramanmaraş, Osmaniye, Mardin, Adana, Adiyaman, Malatya, and Kilis. Moreover, there are an estimated 501,813 Syrian refugees living outside of camps in the south-eastern region and in major cities in Turkey.

EGYPT

There are 136,855 Syrian refugees in Egypt, of which 48.8 per cent are female.

HUMANITARIAN RESPONSE (1 - 30 APRIL 2014)

SEXUAL AND REPRODUCTIVE HEALTH, INCLUDING FAMILY PLANNING

SYRIAN ARAB REPUBLIC:

Reproductive health services: UNFPA-assisted mobile teams, clinics and hospitals of the Syria Arab Red Crescent (SARC), the Syrian Family Planning Association (SFPA), the Ministry of Health (MOH) and the Ministry of Higher Education (MOHE) provided 16,500 women residing in Damascus, Rural Damascus, Aleppo, Tartus, Latakia, Homs, Hama, and Deraa with reproductive health services including emergency obstetric care and supported 600 women to deliver safely through the reproductive health voucher system.



A Syrian woman receiving reproductive health services in Halbouni UNFPA-supported clinic in Damascus, Syrian Arab Republic, Credit: UNFPA, 2014.

Reproductive health supplies: UNFPA provided 300 primary health care centers and three referral hospitals of the Ministry of Health, the Syrian Arab Red Crescent (SARC) and the Syrian Family Planning Association (SFPA) with medical equipment, reproductive health supplies, medicines and contraceptives to ensure the availability of reproductive health services including emergency obstetric care and family planning in all Syrian governorates. These UNFPA-assisted health facilities will provide around 450,000 people with reproductive health services, including family planning for 80,000 women.

Reproductive health awareness sessions: The UNFPA assisted SARC and SFPA (29) mobile teams provided awareness-raising services for around 9,500 internal displaced persons and women in shelters and in the violence-affected areas in ten governorates.

Supporting human resources: UNFPA continues to support 60 partner static clinics, medical points and mobile teams through the deployment of 210 obstetricians, gynecologists, midwives, nurses and social workers.



Syrian women attending session on reproductive health in Damascus, Syrian Arab Republic, Credit: UNFPA, 2014.

LEBANON

Reproductive health capacity building: UNFPA partnered with the School of Nursing in the American University in Beirut to roll out six regional trainings on family planning and counseling, targeting service providers who will be tasked to reach out to Syrian refugee couples in different areas. During the reporting period, three training courses were held for 75 nurses, midwives and community health educators from the Ministry of Social Affairs, the Ministry of Public Health, Social Development Centers, primary health care centres and other health centres supported by different NGOs in Beirut, North and South.



Health workers participating in regional training on family planning and counseling organized by UNFPA in partnership with the School of Nursing in the American University in Beirut, Lebanon, Credit: UNFPA, 2014.

Reproductive health awareness sessions: UNFPA partnered with the Lebanese Family Planning Association for Development and Family Empowerment (LFPAD) on a reproductive health awareness and services project in South Lebanon. During the reporting period, 25 awareness sessions targeting 1,320 women were conducted in different villages where all participants received dignity kits, information, education and communication materials, health information community brochures and GBV referral pathway community brochures.



Syrian women participating in awareness sessions on reproductive health organized by UNFPA and LFPAD in South Lebanon, Credit: UNFPA, 2014.

Reproductive health supplies: UNFPA provided Médecins Sans Frontières (Switzerland) and LFPAD with a reproductive health kit for management of immediate consequences of sexual violence, serving 50 adult and 10 children survivors; two reproductive health kits with male condoms for 800 users; two reproductive health kits with oral and injectable contraceptive serving 750 women's needs for hormonal contraception; two reproductive health kits needed to treat 500 people presenting with sexual transition infection symptoms; and one kit with IUDs for 60 women.

JORDAN

Reproductive health services: A total of 8,577 women and girls benefited from reproductive health services during the month at 26 UNFPA supported clinics throughout Jordan, including services of family planning (1,679), ante-natal care (2,860), post-natal care (443), sexual transmitted infection management (2,239), delivery (108), and other gynecological services (3,013).

UNFPA supported the safe delivery of 108 babies in the UNFPA supported clinic in Zaatari refugee camp.

World Health Day: During World Health Day, UNFPA supported clinics in camp and in urban areas offered services to 258 beneficiaries, including ante-natal care, consultation for family planning, breast examination, and blood pressure screening.

Assessment survey on reproductive health: UNFPA in partnership with the International Rescue Committee, the Jordanian Health Aid Society, and the International Red Crescent conducted a survey to get baseline data on reproductive health awareness, knowledge and needs among the refugee population in Zaatari camp. Questions included: "Do you know if reproductive health services are provided in the camp?" to "Are you using a family planning method now?". Around 500 trained Y-Peer volunteers participated in filling

out the questionnaire that will help to improve future interventions that target the needs of this population.

UNFPA through its implementing partner centres organized 30 sessions on family planning, early marriage, women's health, personal hygiene, sexually transmitted infections, nutrition, and vaccination for pregnant/lactating women and girls, targeting 1,716 individuals in the camps and communities.

Reproductive health awareness materials: UNFPA developed information and communication materials on breastfeeding, danger signs during pregnancy, family planning methods and maps to help locate reproductive health clinics in Zaatari camp.



Breastfeeding and family planning information and communication materials produced for distribution in the camps and communities in Jordan. Credit: UNFPA, 2014.

New reproductive health clinic: UNFPA in partnership with the International Medical Corps has finished establishing and equipping reproductive health clinics within the primary health clinics located in village 6 in the new Azraq camp to ensure quality reproductive health services are provided to Syrian women. Specialized midwives and gynecologists (males & females) were recruited to provide services in all sites.

UNFPA in partnership with the Jordan Health Aid Society expanded the reproductive health clinic at district 5 in Zaatari camp, with a total of 13-bed capacity and two new resuscitation devices.



UNFPA establishes reproductive health clinic in Azraq camp, Jordan. Credit: UNFPA, 2014

IRAQ

Reproductive health services: UNFPA provided reproductive health services to 1,052 Syrian women in the UNFPA reproductive health clinics. A total of 582 women received antenatal care of which 310 cases were new, 420 person received family planning services and 50 women received postnatal care services.

TURKEY

Reproductive health supplies: UNFPA provided 44,000 hygiene kits to Turkish Red Crescent Society to be distributed in Gaziantep camp.

EGYPT

Reproductive health training: UNFPA in partnership with the Ministry of Health and UNICEF organized a training course titled "Egyptians and Syrians ... deep roots" on 13-17 April for 160 doctors and nurses working in primary health care units in Sharkia where many of the Syrian refugees in Cairo reside. The participants were trained on updated family planning practices and were sensitized to the magnitude of the Syria crisis, GBV, and the use of medical protocols to manage the consequences of GBV cases.



Syrian and Egyptian women participating in session on GBV prevention organized by UNFPA in 6th October, Egypt. Credit: UNFPA, 2014

GENDER EQUALITY AND WOMEN'S EMPOWERMENT

SYRIAN ARAB REPUBLIC

Gender-based violence services: During the reporting period, the UNFPA-assisted Syria Arab Red Crescent and Syrian Family Planning Association mobile teams and clinics delivered psychosocial and psychological first aid services to around 2,500 women, including 320 GBV survivors, residing in the affected areas of Damascus, Rural Damascus, Idlib and Tartus.

UNFPA assisted 24,000 women and 5,000 men in Damascus, Rural Damascus, Idlib and Aleppo through the provision of dignity kits. Such items assist displaced families to engage in different social activities, spare expendable family income and maintain personal hygiene.

Gender-based violence training course: UNFPA supported four professionals from UNHCR and Syria Arab Red Crescent to attend the UNFPA-organised regional clinical management of rape training of trainers (ToT) held in Amman.

In cooperation with UNHCR, UNFPA supported the awareness raising session of 17 lawyers from different Syrian governorates (Homs, Tartous, Hama, Daraa, and Damascus) on GBV prevention and response according to international protocols.

Staffing: UNFPA supported three comprehensive reproductive health women centers in Damascus and Rural Damascus, through the deployment of three gynecologists, five midwives, three psychosocial counselors, and three nurses.

LEBANON

Gender-based violence awareness sessions: UNFPA and Heartland Alliance continued the dissemination of 12,000 information leaflets on the referral pathway to service providers. UNFPA conducted sensitization sessions on GBV and referral pathways for 121 service providers in 20 organizations, including United Nations agencies, International NGOs, Social Department Centres and local organizations in working in Tyre (South), Chtoura (Bekaa), Halba (Akkar), and Tripoli (North).



Service providers participating in the GBV and referral pathway workshop organized by UNFPA and Heartland Alliance, Lebanon. Credit: UNFPA, 2014.

The KAFA NGO ("Enough Violence and Exploitation") listening and Counselling Center in Beirut with the support of UNFPA, organized GBV-related social counseling, psychotherapy, legal consultation and awareness sessions to 410 Syrian refugee women, as follows: 45 women benefited from the social counseling and psychological assistance services to women violence survivors; two women victims of violence received forensic reports; twenty six legal consultations and court representations to victims of violence were delivered; four plastic art workshops were conducted to analyze GBV related trauma for 21 women. A magazine, "Bandes Dessinees", was published.

Training course: UNFPA organised a training course for 20 social workers and conducted 81 training sessions for 700 refugee women in North, South, Mount Lebanon, and Bekaa on problem solving and basic life skills. Dignity kits were distributed as an incentive for women participants in the awareness sessions.

JORDAN

Gender-based violence services: A total of 5,728 women, girls, men and boys benefited from case management, psychosocial support, recreational classes and activities, youth activities, GBV campaigns, and GBV awareness activities during the month in the 14 UNFPA supported women safe spaces in and outside of camps.

A total of 140 GBV survivors sought support in UNFPA supported spaces mainly for domestic violence, including physical, psychological and emotional violence. Some specific themes for which women and girls consulted included forced marriage, taking the decision of separation, and being unable to continue their education. UNFPA implementing partners provide specialized services for GBV survivors, including case management, psychosocial and legal represen-

tation, and staff worked on the empowerment of women to enable them to take decisions affecting their lives.

Gender-based violence awareness sessions: A total of 1,236 women, girls, men and boys were sensitized on GBV issues, services available and referral pathways both in camps and communities.

Gender-based violence outreach activities: In Zaatari camp, 11,798 women, girls, men and boys were reached by community outreach workers through home visits, and refugee committee and women associations' trainings on GBV.

Gender-based violence prevention and response training: UNFPA and UNHCR organized a 4-day training course from 6 to 9 April on the GBV Information Management System (GBVIMS) for organizations and agencies involved in the implementation of the GBVIMS in Jordan. Discussions were held among GBVIMS Task Force members (UNHCR, UNFPA, International Red Crescent, Institution of Family Health, Jordan River Foundation, and International Medical Corp) on the process of implementing GBVIMS and information sharing to support the information sharing protocol (ISP) between organizations.

A total of 39 staff from community-based organizations from Ramtha and Mafraq were trained on GBV basics, code of conduct, and standard operating procedures (SOPs).

New establishment of women safe spaces in Azraq camp: UNFPA established and equipped three women and girls' safe spaces in village 3 and 5 in Azraq camp that support the GBV prevention and response programme in the new camp. The space will provide awareness-raising sessions, individual and group psychosocial support sessions, support reproductive health groups and recreational activities. UNFPA is ensuring that its safe spaces for women are closely linked to sexual and reproductive health services through a well-structured and strategic site planning.



UNFPA establishes three women free spaces in Azraq camp, Jordan. Credit: UNFPA, 2014

TURKEY

Gender-based violence services: UNFPA completed the first phase of the GBV pilot programme in Nizip-1 camp (May 2013- March 2014), where around 2,500 persons have benefited from psychosocial training sessions and from community awareness-raising events and meetings.

Gender-based violence materials developed: UNFPA distributed 535,000 copies of a GBV brochure on the protection of the family in Turkey in Arabic and 527,000 in Turkish, through AFAD, the Ministry of Family and Social Policy, and NGOs in affected provinces.

EGYPT

Gender-based violence training: UNFPA in partnership with the Ministry of Health and the FARD Foundation organized on 30 April a session on GBV for 30 Syrian and Egyptian women living in Maskaen Othman, the poorest area of 6th of October City. This session came as a result of increased number of GBV cases reported by UNFPA partners in the field due to the political changes and security issues that has been associated with the elections and the increased tensions between Syria refugees and the Egyptian host community.

REGIONAL ACTIVITY

UNFPA, in cooperation with International Family Health and the International Rescue Committee, organized a regional training of the trainers on the clinical management of rape (CMR) from the 6-10 April 2014. Eighteen medical professionals and GBV specialists participated in the training, representing different organizations working in the region on the Syrian crisis. This five-day training focused on medical care, survivor needs, psychosocial interventions, and one day on facilitation practice and action planning.



Participants in the regional training of trainers on clinical management of rape, Jordan. Credit: UNFPA, 2014

SUPPORTING ADOLESCENTS AND YOUTH

LEBANON

The final report of the joint Syrian and Lebanese youth assessment was endorsed by the technical, committee, and the data will be made available end of May.

UNFPA designed a programme tool to assess the existing 11 youth friendly spaces. The tool will capture data on youth involvement in humanitarian responses and their willingness to participate in the proposed UNFPA package for youth affected by the Syrian crisis.

IRAQ

Youth-related training course: To raise awareness among Syrian youth in the camp in regards to sexual and reproductive health, women's rights, and early marriages, a four-day interactive peer education session was held at the end of April for 19 youth (12 boys and 7 girls). These sessions aim to encourage youth to learn new skills, information and think of important issues that affect their lives inside the refugee camp.

Youth activities: On 15 April, two short films were displayed to an audience of approximately 30 Syrian youth at the Sardam Youth Space in the Domiz Refugee Camp; the aim was to raise awareness on child and women's rights through the narrative of the short film. To involve youth and their families in the center and its services, a two-hour event of Spring Celebrations took place in the Sardam Youth Center, including a musical pieces presented by the UNFPA youth music group which was attended by 170 people.

New youth spaces: UNFPA established an athletic field for both male and female youth in Domiz camp, to be used for youth programmes including such sports as track, field and football. A related centre was also established to disseminate awareness messages on issues related to GBV and reproductive health, and three youth new spaces were set up in Basirma, Darashukran and Kawargosek camps in Erbil.

COORDINATION AND CAPACITY BUILDING

SYRIAN ARAB REPUBLIC:

UNFPA participated in a joint interagency mission to Aleppo, which aimed to ensure a coordinated response by the United Nations Country Team in Aleppo as well as to discuss with local authorities the establishment of a United Nations hub and the possibility of delivering humanitarian assistance to the besieged areas in the governorates.

The Protection Cluster has been coordinating its efforts with the Ministry of Social Affairs (MoSA). In the joint UNFPA and MoSA workshop, it was announced that a Protection Unit will soon be established within the Ministry. The three United Nations protection agencies will provide substantive and financial support to this unit and UNFPA will be the leading agency on capacity building for GBV.

LEBANON

The RRP6 mid-year review process started in April. Sectors started revising and re-categorizing the agreed-upon activities.

UNFPA attended the United Nations retreat on 14 and 15 April that aimed to discuss and agree on changes to the Country Team's plans, coordination structures, prioritization mechanisms and intervention modalities. This is to improve the collective impact of the United Nations work in Lebanon and to alleviate the impact of the Syrian conflict on Lebanon.

UNFPA actively participates in the health working groups to ensure coordination of reproductive health services. UNFPA will be sending 5,000 copies of the new reproductive health pamphlet to UNHCR Mount Lebanon to be distributed to the different health centers supported by UNHCR and internally displaced persons in Mount Lebanon and Beirut.

UNFPA took part in the Central Health Working Group on 2 April, where discussions took place with the Ministry of Public Health for purchasing reproductive health medicines.

JORDAN

The bi-monthly national SGBV sub-working group coordination meetings co-chaired by UNFPA took place on 8 and 22 April, where members discussed contribution to the Secretary-General's 2014 report to the Security Council on women, peace and security, progress of Amani interagency GBV awareness campaign, and Azraq SGBV mitigation procedures.

UNFPA chaired the monthly national reproductive health coordination meetings on 17 April; the main outcome of the meeting was to create sub-working group to work on facilities performance improvement checklists.

UNFPA chaired the weekly coordination meetings for reproductive health services in Zaatari camp; the meetings discussed awareness campaigns, data collection tools, reproductive health data quality, and reproductive health services.

UNFPA co-chaired the weekly youth task force meetings in Zaatari camp in April, where members discussed the new magazine for refugees in Zaatari camp (JEN magazine - youth section), the education workplan, and ways to engage more young men in activities in the camp.

TURKEY

In April 2014, UNFPA participated in the United Nations task force weekly meetings in Ankara, field sector coordination meetings in Gaziantep and the GBV working group monthly meetings.

EGYPT

UNFPA co-chaired the SGBV working group on 14 April and presented guidelines for an ethical registration process as part of the information management system for GBV. UNFPA participated in meetings led by UNICEF on how to support primary health care units in the most affected area. Procurement processes, training needs, increasing the awareness campaigns and establishing youth friendly spaces were also discussed during the meeting.

UNFPA participated in the city administration committee meeting led by UNHCR in 6th of October city, where the participants highlighted the needs to assess the situation in Masaken Othman and discussed ways of collaboration to support Syrian refugees as well as the Egyptian population.

CHALLENGES**SYRIAN ARAB REPUBLIC**

UNFPA and its implementing partners continue to be concerned about the ability of women to access life-saving reproductive health and GBV services due to deteriorating security conditions and the besiegement imposed on different areas including Yarmouk, Mliha in Rural Damascus, eastern Ghouta, Homs and Aleppo.

The limited number of officially accredited NGOs that are able to provide specialized assistance of medical reproductive health services and GBV prevention and response is a serious challenge for UNFPA and its implementing partners. This coupled with the scarcity of international NGOs that may be able to access the besieged areas for cross border humanitarian assistance is hindering the ability of humanitarian actors, including UNFPA, to provide timely reproductive health and GBV services.

The long approval procedures for joint United Nations convoys is affecting the ability of agencies to deliver aid to the affected governorates including the besieged areas on timely basis.

Limited financial resources, particularly to support GBV prevention and response programmes, is a serious challenge that needs to be properly addressed.

The limited number of UNFPA staff in the field due to shortages of funding, is affecting the ability of the Fund to respond to the increased demand for reproductive health and GBV services.

It was observed by the UNFPA team during the mission to Aleppo that data collection on GBV remains a challenge and GBV incidents remain underreported due to social and cultural norms. However, the available evidence obtained from implementing partners showed an increase in the demand for psychosocial support due to the increasing incidence of violence, especially in shelters, which are proving to be unsafe places for women and girls.

LEBANON

Access to unregistered Syrians detained remains a challenge.

Refugees are going to new areas which is requiring increased and expanded interventions to those areas.

The highly fragile situation with intensified hostility in the North, Bekaa and the South is affecting programme delivery and staff movement.

JORDAN

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

IRAQ

The scarcity of financial resources threatens the humanitarian response to the Syria crisis in Iraq. The number of outreach volunteers has been reduced and most of the outreach activities have been suspended.

TURKEY

Significant organizational changes in the structure and leadership of the Ministry of Family and Social Policies and the Ministry of Health has presented challenges for the coordination and implementation of programmes. Some conservative decision makers do not necessarily support the provision of sexual and reproductive health and gender-based violence services.

Refugees pose an economical and social burden on host communities, who are competing for already limited social services, employment and other economic opportunities.

Host community and humanitarian services are negatively affected by the continuous conflict in areas that are close to the border with Syria.

EGYPT

Many of the Syrian refugees as well as Egyptian health workers are not aware of the Syrian refugees rights to access free health services at health facilities. Some of the facilities also lack skilled staff while others have a shortage of supplies and equipment.

DONORS & PARTNERS

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