



KAMER vocational course in Gaziantep, Turkey. Photo Credit: UNFPA-Turkey/2017

Noor is 24 years old and from Aleppo, where she studied theology at university. When the war started, however, she had to abandon her studies and flee with her family to more secure villages in the area. "I love studying very much, but I had to leave university," she said.

In one of these villages—at the age of 20—Noor entered into an arranged marriage. As the war spread, her family fled from one village to another, and her husband eventually left for Turkey. Ten months ago, she also decided to go. Life was difficult when she first arrived because she could not speak Turkish. She also became pregnant during this time but miscarried. Her sorrow in losing her baby was compounded by her inability to understand what had happened, since she could not communicate (she learned later that her blood type was incompatible with her husband's).

Caseworkers from KAMER—a Turkish NGO and UNFPA implementing partner—met Noor during a house visit in Adiyaman in southeastern Turkey after her miscarriage. KAMER has established women's centers throughout Turkey and "responds both to women's immediate and critical needs and increases awareness of women of their rights as citizens, wives, and mothers." How they dealt with Noor's needs is indicative of their work in partnership with UNFPA. She was invited to KAMER's reproductive health center where the doctor examined her, and was accompanied to the immigration administration center to apply for her identification card, which would enable her to receive treatment in local hospitals. Also, she began learning Turkish through KAMER and started to attend an awareness group and learn handicrafts at the KAMER atelier.

Now, Noor volunteers at the KAMER center in Adiyaman, helping to support the work there. She said she feels at home now thanks to KAMER, and has learned Turkish, and can communicate well. "I can express myself in the hospital now and I understand what they say to me," she said. "I am very happy [about] this".

HIGHLIGHTS OF THE MONTH DURING July 2017

Many new health facilities established in northern Syria. Child marriage campaign launched in Lebanon.

SYRIAN ARAB REPUBLIC (FROM ALL CHANNELS)

- 379,395** reproductive health services delivered to Syrians
- 8,955** deliveries supported, including 3,409 C-section deliveries
- 49,422** family planning services
- 11,679** gender-based violence response services provided to Syrians
- 17,619** women accessed women safe spaces

IN NEIGHBOURING COUNTRIES AFFECTED BY THE CRISIS

- 23,949** reproductive health services delivered to Syrian refugees
- 5,557** Syrians received family planning services and consultations
- 3,189** clients received gender-based violence services
- 17,870** Syrian refugees accessed women safe spaces and participated in activities in camps and host communities
- 3,466** Syrian refugees reached with gender-based violence related messages

UNFPA MISSION:

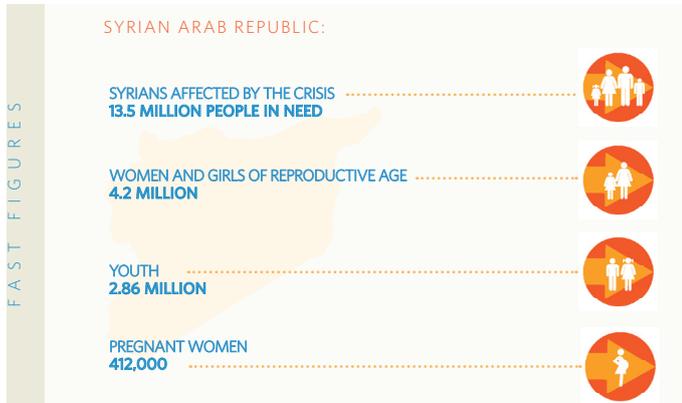
UNFPA believes that every Syrian woman and girl has the right to have access to affordable reproductive health care and be effectively protected from gender-based violence. UNFPA and partners are scaling up efforts to empower and improve the lives of Syrian women and youth and impacted communities inside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

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



HUMANITARIAN RESPONSE

SYRIAN ARAB REPUBLIC FROM ALL CHANNELS



SOURCES: 2017 Humanitarian Needs Overview Syrian Arab Republic (OCHA), UNFPA

UNFPA RESPONSE IN SYRIA - SUPPORTED FROM DAMASCUS

REPRODUCTIVE HEALTH AND SAFE MOTHERHOOD

REPRODUCTIVE HEALTH SERVICES

342,005 reproductive health services

- 3,644 normal deliveries
- 2,568 C- section deliveries
- 24,918 ante-natal care services
- 40,685 family planning services
- 1,382 pregnancies under 18

OTHER REPRODUCTIVE HEALTH SERVICES **119,102** clients

SUPPLIES **4,690** reproductive health kits

GENDER EQUALITY AND WOMEN'S EMPOWERMENT

RESPONSE SERVICES **3,123** women and girls

WOMEN ACCESSING SAFE SPACES **13,565** women and girls

OUTREACH ACTIVITIES **11,697** clients

UNFPA-SUPPORTED FACILITIES IN SYRIA



Number of women's spaces

41



Number of field reproductive health clinics or mobile teams

58



Number of health facilities

948

RESPONSE THROUGH CROSS-BORDER MODALITY

REPRODUCTIVE HEALTH AND SAFE MOTHERHOOD

REPRODUCTIVE HEALTH SERVICES

10,225 beneficiaries received services supported from cross-border operations managed from Jordan:

- 943 normal deliveries
- 529 C-sections
- 51 pregnancies under 18
- 2,928 ante-natal care services
- 708 post-natal care services
- 522 family planning services

27,165 clients received services supported from cross-border operations managed from Turkey:

- 959 normal deliveries
- 312 C-section deliveries
- 322 pregnancies under 18
- 5,411 ante-natal care services
- 1,083 post-natal care services
- 8,215 family planning services

OUTREACH ACTIVITIES

7,887 women reached through outreach activities supported from cross-border operations managed from Turkey

GENDER EQUALITY AND WOMEN'S EMPOWERMENT

RESPONSE SERVICES

247 clients received gender-based violence services supported cross-border from Turkey

8,309 clients received gender-based violence services supported cross-border from Jordan

GBV AWARENESS AND OUTREACH ACTIVITIES

1,791 Syrians reached through outreach and awareness activities supported cross-border from Turkey

5,116 Syrians reached through outreach and awareness activities supported cross-border from Jordan

WOMEN ACCESSING SAFE SPACES

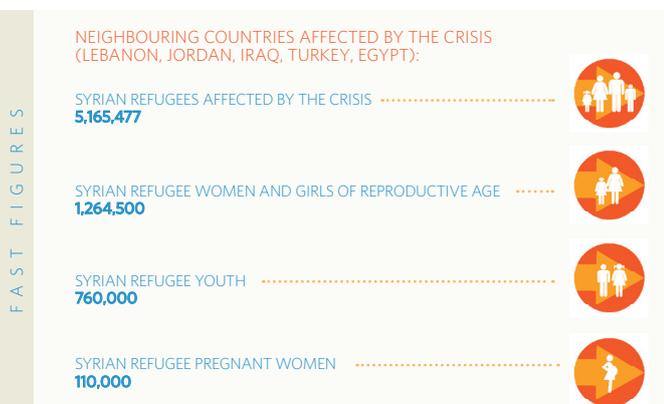
4,054 women and girls accessed safe spaces supported cross-border from Turkey

Painting by a refugee in Azraq camp depicting child marriage. Photo Credit: UNFPA-Jordan/2017



HUMANITARIAN RESPONSE

NEIGHBOURING COUNTRIES AFFECTED BY THE CRISIS



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



REPRODUCTIVE HEALTH AND SAFE MOTHERHOOD

| TURKEY | |
|--|--|
| SERVICES | 9,439 services for Syrian beneficiaries <ul style="list-style-type: none"> 2,991 family planning services 821 ante-natal care services 89 post-natal care services 11 pregnancies of women under 18 |
| AWARENESS SESSIONS AND OUTREACH ACTIVITIES | 2,631 clients |
| SUPPLIES | 3667 brochures distributed |

| LEBANON | |
|----------|--|
| SERVICES | 197 services for Syrian beneficiaries <ul style="list-style-type: none"> 40 family planning services 116 ante-natal care services 16 post-natal care services 4 pregnancies of women under 18 |

| JORDAN | |
|--|---|
| SERVICES | 10,818 reproductive health services <ul style="list-style-type: none"> 159 normal deliveries 44 pregnancies under 18 1,188 family planning services 2,166 ante-natal care services 563 post-natal care services |
| AWARENESS SESSIONS AND OUTREACH ACTIVITIES | 3,195 clients |
| OTHER RH SERVICES | 1,079 services |

| IRAQ | |
|----------|--|
| SERVICES | <ul style="list-style-type: none"> 1,338 family planning services 283 normal deliveries 77 C-section deliveries 609 ante-natal care services |



SUPPORTING ADOLESCENTS AND YOUTH

| TURKEY | |
|-------------------|---------------------------|
| YOUTH PROGRAMMING | 1,424 young people |
| JORDAN | |
| YOUTH PROGRAMMING | 855 young people |
| EGYPT | |
| YOUTH PROGRAMMING | 281 young people |



GENDER EQUALITY AND WOMEN'S EMPOWERMENT

| TURKEY | |
|---------------------------------------|---------------------------------------|
| RESPONSE SERVICES | 2,353 services |
| WOMEN AND GIRLS ACCESSING SAFE SPACES | 8,386 women and girls |
| OUTREACH ACTIVITIES | 2,254 clients |
| SUPPLIES | 9,303 dignity kits distributed |

| LEBANON | |
|---------------------------------------|----------------------------|
| WOMEN AND GIRLS ACCESSING SAFE SPACES | 260 women and girls |
| OUTREACH ACTIVITIES | 493 clients |
| RESPONSE SERVICES | 18 services |

| JORDAN | |
|---------------------------------------|------------------------------|
| WOMEN AND GIRLS ACCESSING SAFE SPACES | 3,048 women and girls |
| RESPONSE SERVICES | 818 services |
| OUTREACH ACTIVITIES | 719 clients |

| EGYPT | |
|---------------------------------------|------------------------------|
| WOMEN AND GIRLS ACCESSING SAFE SPACES | 1,347 women and girls |
| TRAINING | 435 persons trained |

HIGHLIGHTS

SYRIA



Assessment mission to Al-Hassake led by Massimo Diana, UNFPA-Syria representative. Photo Credit: UNFPA-Syria/2017

UNFPA Mission to Al-Hassake

UNFPA Representative in Syria Massimo Diana joined a mission to the northeastern city of Al-Hassake from July 17-20 to assess UNFPA interventions in the area, which provide health services relating to reproductive health and addressing gender based violence, and deliver medicines and supplies to those in need. Diana accompanied Ali Al-Zaatar, United Nations Resident Coordinator in Syria, who visited many other locations in the area.

"It is important to visit people and talk to them to know their needs," Diana said.

The UNFPA Country Office in Syria is working collaboratively with 9 local partners, and as of last month has supported the provision of health

and reproductive health outreach services—including family planning services to men, women and young people—through seven mobile teams, two of which provide medical, RH/GBV and psychosocial support services in Al-Hassake. UNFPA also supports seven health clinics and three women and girls safe spaces in different areas. Two mobile teams work on a daily basis in the newly established Al-Areeshe transit camp 30 kilometres south of Al Hassake city to provide an estimated 1,700 IDPs with reproductive and mental health services, as well as hygiene kits and sanitary napkins to women at the camp.

"We should never overlook the needs of women and young girls, especially in conflict zones. A healthy future depends on their access to the services they need," said Diana. "Seven years into the crisis has brought a notable negative impact to the country. We are on mission to restore hope and ensure every woman and young girl has access to reproductive health with dignity."

LEBANON

Child Marriage Media Campaign

The UNFPA-supported NGO KAFA (Enough Violence and Exploitation) launched its third media campaign related to child marriage in July sponsored by UNFPA. The campaign—titled "A wedding or a funeral?"—played on ambivalence by highlighting that the marriage of girls below 18 is more like a funeral than a wedding because it steals away their futures, ambitions, dreams, and even their lives.

The campaign consisted of a television spot that was aired locally for more than two weeks and around 900 outdoor billboards and 20 LED advertising screens spread all over Lebanon. The television spot and graphics along with various related articles were also posted on KAFA's

UNFPA-SUPPORTED FACILITIES



Number of women's spaces

67

Jordan

15

Iraq

13

Turkey

20

Egypt

8

Lebanon

11



Number of field reproductive health clinics or mobile teams

82

Jordan

18

Iraq

24

Turkey

20

Egypt

12

Lebanon

8



Number of youth centres and safe spaces

28

Jordan

11

Iraq

11

Turkey

2

Egypt

4

Lebanon

3

HIGHLIGHTS

online platforms.

While reminding the public and government officials of the harm caused by child marriage, the campaign also reiterated the demand for legislation that sets the minimum marriage age at 18.



A group of children attending an activity as part of psycho-social activities taking place at Mada Community Center in Lebanon. Photo credit Maarouf Saad Social and Cultural Foundation

TURKEY CROSS-BORDER

New Health Facilities Established

The number of UNFPA supported health facilities increased from 11 to 21, and the number of mobile clinics from one to 11. This marked expansion of the number of service delivery points is due to the commencement of two new grants for two of UNFPA's implementing partners, which added three new primary health clinics (PHCs) with accompanying mobile clinics in Idlib and Aleppo governorates as well as a new comprehensive emergency obstetrics care (CEMoC) facility in Ein Terma, Rural Damascus. UNFPA's cross border operations from Turkey now support a total of 39 communities across Idlib, Aleppo, Homs, Hama and Aleppo governorates.

The newly established PHCs and mobile clinics are expected to be critical additions to reproductive health and gender-based violence health services for Aleppo and Idlib because of the previous dearth of health service delivery points in those particular communities. During the establishment of these new facilities, UNFPA's implementing partners had to overcome numerous challenges such as increased insecurities for staff due to recent hostilities between different armed groups in Idlib, social and humanitarian challenges caused by large movements of internally displaced people (IDP's) as well as extreme degradation of infrastructure. In addition, the lack of a qualified labor force in the areas of operation posed a significant challenge during recruitment.

"Highlighting parenting and child care topics especially for young mothers is really essential." Beneficiary

"We have benefited greatly from the lessons of support which enable

us to solve our problems and the psychological pressure which we face on a daily basis." Beneficiary

"The centre is in the middle of the camp and it is easily accessible; I visit the centre every four weeks to monitor my pregnancy." Beneficiary from Bab Al-Nour centre

JORDAN CROSS-BORDER

Integrated Approach

UNFPA utilizes an integrated approach to reproductive health and GBV services. One strategy, for example, is to encourage midwives to visit women and girls safe spaces to provide general health information and empower women to make healthy choices. In one such safe space located in an IDP camp in Al Kashniyyeh Subdistrict of Quneitra--operated by UNFPA's implementing partner Relief International--a 25 year old woman remarked, "I really like the midwife's session and benefitted a lot from it".

That safe space is located very close to the health facility that UNFPA also supports, which also highlights the integrated approach to reproductive health and GBV services. Access to services is increased by linking the services in order to meet the holistic needs of women and girls, a philosophy confirmed by a 28-year-old woman visiting the safe space. "I go to the PHC as an excuse for me to be able to come to the WGSS and vent to the girls," she said.



Awareness raising session for adolescent girls at a WGSS in Nabe el-Sakhr in Quneitra, Syria. Photo Credit: UNFPA-Syria/2017

EGYPT

Expressing GBV Issues through Drama and Dance

Syrian and Egyptian women and men documented their experiences with gender-based violence, societal preference for male children, and discrimination against women through a play that utilized songs, dance and monologue. This play was an outcome of a two week storytelling workshop for Syrian and Egyptian women, men, boys and girls as part of UNFPA safe space activities at youth centers in Sharkia governorate. It was conducted in partnership with the Egyptian Ministry of Youth and Sports, the Youth Development Consultancy Institute (Etijah), and

other community based organizations. The event was attended by 677 people, approximately 80 percent of whom were Syrians.



Syrian and Egyptian youth utilizing drama and dance to describe their experiences with gender-based violence. Photo Credit: UNFPA-Egypt/2017

JORDAN

Family Support

Manal is a 42 year old mother of four who arrived in Jordan in March 2016 without her husband, who had gone to Saudi Arabia. She was referred to the UNFPA supported Women and Girls Comprehensive Center in Azraq camp as an urgent case. Her neighbors had complained that her home was dirty, she was neglecting her children's hygiene and was experiencing psychological issues.

A protection case manager completed an assessment with the family and developed a care plan which included engagement with the psychologist. The psychologist conducted six sessions over two months with Manal focusing on basic hygiene practices, parenting skills and the provision of psychosocial support. The sessions took place at her shelter so she could apply the knowledge and skills learned.

Manal's children eventually went back to school. The case manager noted that Manal began taking better care of her home as well. After attending psychosocial sessions, Manal asked her husband to come to Jordan to support her and share the responsibilities. He committed to give financial support on a monthly basis, and ultimately he came. He thanked UNFPA for their support, and one of the neighbours even remarked on a change seen in Manal, "I like spending time with Manal because her behaviour changed for the better," said the neighbor.

COORDINATION & CAPACITY BUILDING

TURKEY CROSS-BORDER

The Gender Based Violence (GBV) Sub Cluster has continued its work on finalizing the adolescent girl strategy. A workshop was held on how to make programming in women and girls safe spaces more adolescent friendly. The sub-cluster coordination team recorded a webinar on the toolkit to be used by partner organizations in remote sessions with staff

in Syria. It was field tested remotely with staff of two partner organizations inside Syria and is being finalized for further dissemination.

In order to contribute to the assessment phase for the 2017 Humanitarian Needs Overview (HNO), 15 trained partners conducted community focus group discussions (FGDs) in selected locations with women, men, boys and girls. In addition, an FGD for GBV practitioners was held in Gaziantep with colleagues from seven specialized GBV actors. This discussion will be combined with data gathered from other methods and will inform the 2017 HNO and thematic GBV analysis.

TURKEY

The second National Reproductive Health Working Group Meeting was held in Ankara. Thirty-Eight persons participated from various institutions, such as the Ministry of Health, Turkish Public Hospitals Association, 9 Eylül University Public Health Department, Public Health Specialists Association, the Ministry of Family and Social Policies, WHO, UNICEF, Provincial Public Health Directorates, as well as National SHRH trainers. Most participants had been trained in the minimum Initial Service Package (MISP) and had participated in the first National Sexual and Reproductive Health Working Group meeting last August.

The Sexual and Gender Based Violence (SGBV) Working Group met in Ankara with the participation of the Ministry of Family and Social Policies, UNHCR, UNFPA, UNICEF and UNW. The United Nation agencies and the Ministry of Family and Social Policies (MoFSp) provided updates on their current GBV programs. The GBV Standard Operating Procedures (SOPs) were discussed and their endorsement sought from the participants. MoFSP will re-examine the final product and provide feedback before the next SGBV Sub Working Group (SWG) meeting in August. The pocket-size GBV SOPs have been prepared and will be ready to be distributed both to the service providers and beneficiaries once endorsed by all members.

LEBANON

UNFPA co-led the National SGBV Task Force meeting with UNHCR and the Ministry of Social Affairs. Among other topics discussed, UNFPA introduced the coming desk review and analysis of resources and practices on engaging men and male youth on violence against women and girls. The exercise was identified as a priority by the SGBV Task Force during the 2017 retreat and put into the annual work plan. The objective is to provide recommendations and ways forward for the task force to enhance coordination on the issue of male involvement. The road map of the desk review and analysis was endorsed by the members.

JORDAN

UNFPA chaired the Reproductive Health Sub Working Group (SWG) meeting, which was attended by 24 reproductive health members from the Ministry of Health, other United Nation agencies, and national and international NGOs. The main issue included the challenges of providing quality sexual and reproductive health (SRH) services in camps and urban settings. Members of the Reproductive Health (RH) SWG who provide reproductive health services were asked to provide their needs for contraceptive methods and for fero-folic tablets for anaemia prevention and management among pregnant and lactating mothers.

CHALLENGES

SYRIA

The ability to monitor the humanitarian response in areas of active military operations remains limited. As a result, UNFPA is initiating a process of third party monitoring to address this. The capacity to plan programs with integrated resilience and peace building components is also limited. As a result, UNFPA is organizing a training course related to this topic. Finally, staff availability and lack of supplies--especially medications and consumables--for new health facilities remain a concern in the southern areas of Syria.

JORDAN CROSS-BORDER

There are still no clearly defined boundaries for a series of de-escalation zones inside of Syria called for by the tri-lateral agreement between Turkey, Iran and Russia. Fighting has increased in Dara'a al Balad--an area predominantly home to farmland and IDPs. Fighting also has encompassed the narrow 2 kilometre passage through opposition controlled areas used by UN convoys crossing into Syria through Ramtha. For a time the road was subject to sniping and shelling. As a result, access between the eastern and western areas of opposition controlled

territory was briefly cut and a United Nations convoy was postponed. Besiegement of the Douma area of eastern Ghouta, rural Damascus, continues to threaten the welfare of the population and UNFPA's supported facilities there. Fuel prices are 6-10 times higher than in other areas of Syria and have remained high since February. Coping strategies and financial reserves for most people and facilities have been exhausted.

TURKEY CROSS-BORDER

A recent surge in hostilities between armed groups in Idleb has created major obstacles for partners operating in the governorate due to increased insecurity for staff and beneficiaries, and has led to large IDP movements as well. Services in women and girls safe spaces and some other service delivery points were suspended for a few days during the height of the hostilities, although they have since resumed. Establishing locations for new mobile clinics and primary health clinics has been difficult due to complex sociopolitical conditions and a lack of suitable buildings caused by massive damage to infrastructure in the targeted areas.

DONORS & PARTNERS

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

Australia, Austria, Canada, Denmark, European Commission, Finland, Germany, Italy, Japan, Kuwait, Netherlands, Norway, OCHA/CERF, Saudi Fund for Development, Sweden, United States, United Kingdom, UNDP.

Private sector: MBC and Samsung Electronics.

IMPLEMENTING PARTNERS

IN SYRIAN ARAB REPUBLIC: Ministry of Health (MoH), Ministry of Higher Education (MOHE), Syrian Arab Red Crescent (SARC), Syrian Family Planning Association (SFPA), Agha Khan Foundation, Masyaf Charitable Association, Al Bir and Social Welfare Hama, Al Bir Charitable and Sociable Qamishly, Pan Armenian Charity Association, Al-Ihsan Charity Association, Al Bir and Al-Ihsan Charitable Association in Ras Alain, Albatoul Charity for Humanitarian Services, Islamic Charity Association - Aoun for Relief and Developments (AOUN), Monastery of Saint James the Mutilated (MSJM), Nour Foundation for Relief and Development, Syrian Catholic Archbishopric - Relief and Development Center (RDC), Syrian Commission for Family Affairs and Population, SCS, SEBC.

IN LEBANON: Ministry of Public Health, Ministry of Social Affairs, Lebanon Family Planning Association for Development & Family Empowerment (LFPAD), Amel Association, International Medical Corps, KAFA ("Enough Violence and Exploitation"), INTERSOS, Makkased Philanthropic Association of Beirut, Development Action without Borders-Naba'a, RET Liban, The Lebanese Democratic Women's Gathering-RDFL, Akkar Network for Development (AND), NABAD, Heartland Alliance, Tabitha/Dorcas Lebanon | Relief & Development, Maarouf Saad Social and Cultural Foundation.

IN JORDAN: Ministry of Health (MOH), Institute for Family Health (IFH), International Medical Corps (IMC), Jordanian Health Aid Society (JHAS), Family Protection Department (FPD), Jordanian Women's Union (JWU), Youth Peer Education Network (YPE), NCFA (National Council for Family Affairs), Questscope. JORDAN Cross-border: Relief International and Syrian American Medical Society (SAMS).

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

IN EGYPT: Ministry of Health and Population (MOHP), Ministry of Youth and Sport (MoYS), Arab Medical Union (AMU), Care International.

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 Polices (MoFSP), ASAM (Association for Solidarity with Asylum Seekers and Migrants), BUHASDER (The Association for the Prevention of Infectious Diseases), HÜKSAM (Hacettepe University Women's Research and Implementation Center), IMPR (International Middle East Peace Research Centre), KAMER (Women's Center Foundation), CVF (Community Volunteers Foundation), Osmangazi University, PYD (Positive Life Association), SPoD (Social Policies, Gender Identity, and Sexual Orientation Studies Association), Bilgi University.



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RELEVANT RESOURCES

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www.ocha.org
www.unhcr.org
http://syria.humanitarianresponse.info