

# REGIONAL SITUATION REPORT FOR SYRIA CRISIS

ISSUE NO

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From 7 to 11 January, some 41 births took place at UNFPA-supported clinics in Zaatari camp in Jordan and some 15 cases were referred to hospitals. "It took me hours to arrive, as it was rainy and windy," said 24-year-old midwife Wa'd Jaddou, who worked a 48-hour shift at the clinic during Snowstorm Huda. "The road was slippery, so it took us double the time to arrive at Zaatari camp," she said. "Once we arrived, we were divided into teams and started working like bees. I was helping everywhere — I even delivered, myself, [the babies of] eight or nine women." For health workers like Ms. Wa'd, the work is its own reward. "I studied midwifery because since I was a little girl, I wanted to help and to assist in giving life to those sweet babies, no matter what the conditions were."

Credit: Ra'ad Addayleh | UNFPA, 2015

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

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



# HIGHLIGHTS

### SYRIAN ARAB REPUBLIC

UNFPA reaches 18,300 women of reproductive age in Damascus, Rural Damascus, Homs, Aleppo, Tartous, Lattakia and Hama with reproductive health and GBV services and conducts a field mission to Lattakia and Tartous, which host 744,000 internally displaced persons, including 186,000 women of reproductive age. The mission included discussions with partners on monitoring the humanitarian response.

### **LEBANON**

UNFPA organizes 45 awareness sessions on family planning targeting 675 Syrian refugees and Lebanese women, distributes delivery service cards to 3,500 Syrian and Lebanese women and 1,800 leaflets on sexual and reproductive health, domestic violence and child marriage to 600 Syrian refugees. UNFPA reaches 3,303 Syrian refugees with reproductive health and GBV-related messages.

### IORDAN

UNFPA supports 8,824 women and girls with reproductive health services and supports the safe deliveries of 300 women in UNFPA reproductive health clinics in addition to GBV-related services to 27,392 Syrian refugees. A total of 303 GBV survivors benefit from case management services and around 3,188 participate in self-reliance, vocational training, and life-skills sessions.

# IRAQ

UNFPA distributes 500 dignity and winterizing kits to pregnant Syrian women and their newborn babies, provides training courses to 128 refugee youth and supports the delivery of 179 babies.

### **TURKEY**

UNFPA in partnership with three local NGOs starts providing reproductive health and GBV counseling services to Syrians living in and out of camps in Mersin and Sanliurfa. UNFPA distributes 2,000 hygiene kits in Suruç temporary camp through the Disaster and Emergency Management Presidency of Turkey and sends 4,000 kits to Sanliurfa to be distributed through the International Middle East Peace Research Center (IMPR) to Syrians living in out of camp settlements.

# **EGYPT**

UNFPA supports GBV training of 30 Syrian female community health workers in Damietta. Meanwhile, 300 Syrian youth are recruited for a football tournament in 10th of Ramadan and 6th October. UNFPA distributes communication and education material to 600 households in greater Cairo on child marriage, GBV and sexual harassment.



As the fierce violence in Syria continues to force families to flee the country, another crisis loomed during the first month of 2015, with a brutal stretch of winter weather. Syrian families living in informal tented settlements, abandoned buildings, garages and camps are still struggling amongst the desperate living conditions they have enduring for years now. Women and children contended with frigid nights and heavy snowfalls that in many areas collapsed flimsy tents, destroyed homes, blocked access to health care, safe water, food and hygiene.

Even as Syrian women survived the bitter cold and temperatures began to rise, they are still vulnerable to illnesses and violence, they will still love their families and wish the best for their children, while in many cases secrificing their own health, rights and basic needs.

UNFPA along with other United Nations agencies and implementing partners is committed to working toward's a solution to protect Syrian women and girls of reproductive age, and ensuring humanitarian aid for all those in need of assistance. UNFPA has been on the ground in Syria, Lebanon, Jordan, Iraq and Turkey during the harsh conditions, distributing urgently needed winter essentials and hygiene kits to Syrian displaced persons and refugees and maintaining its reproductive health and protection services, servicing more than four million women and girls of reproductive age and half a million pregnant women in Syria and neighboring countries.

# HUMANITARIAN SITUATION



"It was freezing", says Um Mahmoud as she sits in a shelter in Damascus. It has been Um Mahmoud's home since she and her family fled the conflict in her hometown months back. Living conditions are not easy and were worsened when temperatures dropped below zero as a turbulent winter storm struck the Middle East in early January.

Um Mahmoud was grateful for a kit of winter items that UNFPA distributed through the supported mobile team of the Syrian Family Planning Association as part of its emergency response during the harsh winter. The kit included much-needed blankets and winter socks. "These items are life-saving, it is awfully cold and we are extremely in need of extra winter clothes." says Um Mahmoud.

Credit: Kinda Katranji | UNFPA, 2015.

# SYRIAN ARAB REPUBLIC

Political and security conditions changed quickly during the reporting period following the military attack on Quneitra, extensive mortar shelling on different areas of Damascus, an attack on a bus at the entrance of Al Hamidiyeh market in Damascus, and military operations between armed groups in different areas of the country, including in Rural Damascus, Aleppo, Deir-ez-Zor and Dar'a.

Around 1,500 women, children and elderly people who had been besieged in Rural Damascus, Eastern Ghouta, were released through the mediation of the local community and hosted in a shelter in the west of Damascus. The first round of the "intra-Syrian dialogue" between the Syrian government and the opposition was conducted in Moscow early in the month.

Deteriorating security conditions affected the ability of humanitarian actors, including United Nations agencies, to deliver humanitarian assistance to the besieged areas in Rural Damascus, Aleppo, Deir-ez-Zor and Dar'a

There was an increased stress on reproductive health services, including emergency obstetric care, in the safe areas of Damascus, Aleppo, Lattakia, Tartous and Idleb, due to the increased number of internally displaced persons (IDPs) and the decreased number of accessible and functional health facilities.

UNFPA and implementing partners are concerned that economic hardship and poor security have increased pressure for Syrian girls to be forced into child marriages in IDP shelters and within host communities.

The extremely cold snowy weather has impacted the health of the affected people including women, especially due to the scarcity of fuel and warm clothes.





### **LEBANON**

Fierce fighting between the Lebanese army and extremist groups resumed during January on the Lebanese borders in the outskirts of Ras Baalbek, Bekaa valley. Also during the same reporting period, two suicide bombings occurred in a civilian gathering in Jabal Mohsen, North Lebanon, rising security alerts in the country.

January witnessed an unprecedented general security decision to impose entry restrictions for Syrian nationals who will no longer be able to enter Lebanon without a visa, in a move aimed at curbing the entry of refugees fleeing almost four years of conflict.

# **JORDAN**

Jordan witnessed harsh winter conditions during the month of January, compounding the impact of the ongoing conflicts and displacement on vulnerable children and their families. The high winds, rain and heavy snowfall caused the death of a child in Jordan as well as an increase in reported illnesses, such as upper respiratory tract infections.

In Zaatari camp, in spite of the difficulties and challenges faced by humanitarian agencies working on the provision of services to the Syrians refugees, UNFPA continued to provide services to support safe delivery, childbirth and reproductive health, through its main partner in Jordan, the Health Aid Society (JHAS).

There are more than 621,918 officially registered Syrian refugees in Jordan and tensions are rising, particularly in towns and cities close to the border. Zaatari camp is hosting around 84,000 refugees 49.9 per cent female and 50 per cent male, while Azraq camp is hosting 11,455 refugees.

According to the results of a "Safety Audit" conducted in 2014, the situation in Zaatari in terms of safety and security has improved 75 per cent for female and 87 per cent for male compared to 2013. Parents feel comfortable allowing their children to move freely around the camp; 70 per cent said that the feeling came after they strengthened their relations within communities and was also due to the presence of family members and police. Around 22 per cent still fear general harassment at night when they go to sanitary facilities and public kitchens. Lack of transportation in the camp represents an obstacle to safe and equitable access to services. Among women, 86 per cent expressed their satisfaction concerning the privacy and confidentiality of the services in the women's clinics.

### IRAÇ

As the four-year-old conflict in Syrian drags on, Syrian refugees continue to flow into Iraq with over 230,000 registered with UNHCR in the Kurdistan Region as of January 2015; of these 64 per cent are women and children.

The humanitarian and security situations in Iraq continue to become more complicated with the effects of the arrival of 23,000 refugees from Kobane in north Syria in addition to the internal conflict in central Iraq, which has resulted in displacement of 1.8 million Iraqis. The large number of Iraqi internally displaced persons has impacted Syrian refugees' ability to cope as they struggle for access to resources and services, including reproductive health services. The multiple crises have severely strained the capacity of the Kurdistan region of Iraq and the international community alike, including UNFPA, in ensuring quality maternal health care services.

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

LEBANON:	
SYRIANS AFFECTED BY THE CRISIS	1,154,593
SYRIAN WOMEN AND GIRLS OF REPRODUCTIVE AGE	287,663
SYRIAN PREGNANT WOMEN	20,436
SYRIAN YOUTH	119,679

JORDAN:	
SYRIANS AFFECTED BY THE CRISIS	621,918
SYRIAN WOMEN AND GIRLS OF REPRODUCTIVE AGE	150,306
SYRIAN PREGNANT WOMEN	11,007
SYRIAN YOUTH	65,175

IRAQ:	
SYRIANS AFFECTED BY THE CRISIS	233,625
SYRIAN WOMEN AND GIRLS OF REPRODUCTIVE AGE	52,697
SYRIAN PREGNANT WOMEN	4,135
SYRIAN YOUTH	21,565

TURKEY:	
SYRIANS AFFECTED BY THE CRISIS	1,645,000
SYRIAN WOMEN AND GIRLS OF REPRODUCTIVE AGE	500,000
SYRIAN PREGNANT WOMEN	29,116
SYRIAN YOUTH	300,000

EGYPT:	
SYRIANS AFFECTED BY THE CRISIS	136,717
SYRIAN WOMEN AND GIRLS OF REPRODUCTIVE AGE	34,872
SYRIAN PREGNANT WOMEN	2,420
SYRIAN YOUTH	13,685

SOURCES:

Turkey's Disaster and Emergency Management Authority (AFAD), UNHCR, OCHA, and UNFPA - January 2015





AFAD, the Disaster and Emergency Management Agency of the Government of Turkey, has opened its biggest camp in the southeastern border town of Suruç for 35,000 people fleeing fighting between Kurdish forces and the so-called Islamic State in Syria's Kobane area.

Syrian refugees continued to enter Turkey during the month of January with new migrants of Ezidis-Kurds from the Kobane region of Syria. According to AFAD, the total number of Syrians registered and assisted in 22 camps located in 10 provinces was 221,447, and AFAD announced that the total number of Syria refugees in Turkey is 1,645,000. The armed conflict in Syria has continued to be intense near the Syrian border with Turkey. The escalating internal armed conflict in Iraq and northern Syria caused further serious instability and displacement of populations in the region. Thousands of Ezidis have been entering the southeastern borders of Turkey through both legal and illegal gateways.

### **EGYPT**

The numbers of Syrian people seeking refuge in Egypt has reached 136,717. Most refugees are scattered in rented households in the outskirts of large urban centers such as greater Cairo, Alexandria and Damietta. Syrian refugees have been granted access to public services, including primary health care, and education at the same prices as Egyptians. However, issues related to quality and availability of these services remain a major challenge given that the public sector is already struggling to meet the needs of Egyptians. With the prolongation of the crisis and decreased funding, vulnerabilities are escalating among the Syrian refugees particularly in terms of debts incurred due to healthcare costs.

# HUMANITARIAN RESPONSE

1-31 January 2015



SEXUAL AND REPRODUCTIVE HEALTH, INCLUDING FAMILY PLANNING



Syrian women fled from Aleppo due to the fierce war, receiving health services through a Syrian Family Planning Association mobile clinic at a Lattakia shelter.

Credit: Kinda Katranji | UNFPA, 2015.

### SYRIAN ARAB REPUBLIC

REPRODUCTIVE HEALTH SERVICES: During this reporting period, UNFPA continued its support to its implementing partners to deliver lifesaving reproductive health services to the affected people in Syria. As such, 18,000 reproductive health services were delivered, including family planning services to 14,500 women and safe delivery services to 480 women through reproductive health vouchers. Of the total services, 288 women opted for Caesarean-section deliveries managed and supported by UNFPA.

REPRODUCTIVE HEALTH SUPPLIES: UNFPA delivered reproductive health tools and supplies to the rural areas of Aleppo and the Ministry of Higher Education's Maternal Hospital in Damascus, benefiting around 15,800 people.

REPRODUCTIVE HEALTH AWARENESS ACTIVITIES: The 28 UNFPA-assisted mobile teams of the Syrian Arab Red Crescent and the Syrian Family

Planning Association reached 2,450 women in Damascus, Rural Damascus, Homs, Aleppo, Tartous, and Hama with awareness-raising sessions on reproductive health, including family planning and reached 6,450 with reproductive health information.

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 through the deployment of 207 obstetricians, gynaecologists, midwives, nurses and social workers in 12 governorates.

### **LEBANON**

REPRODUCTIVE HEALTH SUPPLIES: Since the beginning of the Syrian crisis, UNFPA took the lead in providing reproductive health kit number 3 for post-rape treatment to health facilities trained on clinical management of rape (CMR). UNFPA launched a partnership with ABAAD Resource Center for Gender Equality that will be entrusted with the delivery of reproductive health kits to health facilities in different regions. Moreover, ABAAD will also be responsible for monitoring the expiry dates of already distributed commodities and replenishment of expired items and ensuring proper disposal of expired items.

REPRODUCTIVE HEALTH OUTREACH ACTIVITIES: A total of 45 awareness sessions on family planning were implemented by trained women leaders and reached 675 Syrian refugees and Lebanese women. UNFPA initiated this part of a joint health education project with the International Rescue Committee (IRC), Akkar Network for Development (AND) and its national implementing partner, the Lebanon Family Planning Association for Development and Family Empowerment (LFPADE), in the region of Akkar, North Lebanon.

**REPRODUCTIVE HEALTH TRAINING:** A total of 20 Syrian and Lebanese women were trained as women leaders during the month of January to deliver awareness sessions on family planning to other Syrian and Lebanese women.





As part of awareness-raising initiatives conducted by UNFPA, different information education and communication (IEC) materials were produced and distributed to ensure delivery of prevention messages within the community. UNFPA pre-tested the IEC materials to assess if the messages were credible and understandable for the target audience and that the images and content presented were culturally appropriate, relevant and well received by the audience. Four focus group discussions were conducted among women leaders and women attending the awareness sessions.

### **JORDAN**

REPRODUCTIVE HEALTH SERVICES: A total of 8,824 reproductive health services were provided at UNFPA-supported facilities (88 per cent of women benefited from services inside the camps and 59.5 per cent in host communities), of which 9 per cent of the total services were to women under 18 years old. Of the total, 3,317 women received ante-natal care services, of which 38 per cent of the total inside the camps and 8 per cent in the hosting communities were women between the ages of 18-24.

UNFPA supported the safe deliveries of 300 women in reproductive health clinics.

**REPRODUCTIVE HEALTH SUPPLIES:** UNFPA provided its implementing partners with a sterilizer device and a new caravan in Zaatari camp, and UNFPA supported all its implementing partners with reproductive health kits with supplies to cover the needs of 150,000 beneficiaries.

REPRODUCTIVE HEALTH OUTREACH ACTIVITIES: During the reporting period a total of 1,654 awareness sessions took place, reaching 3,271 beneficiaries on different issues such as family planning, breastfeeding and care for newborns, post-delivery psychological problems, child marriage, sexually transmitted infections, and HIV/AIDS, domestic violence, and gender-based violence, stress and anger management.





UNFPA responded to the winter storm by ensuring continues of safe deliveries during the snowstorm.

Credit: UNFPA,2014.

# **IRAQ**

REPRODUCTIVE HEALTH SERVICES: A total of 1,493 women and girls were supported with reproductive health services (segregated by service: 1,374 pre-natal-care, 30 post-natal-care, 90 family planning and sexual transmitted diseased treatments). A total of 179 assisted births were supported, with 63 being emergency obstetric care cases.

REPRODUCTIVE HEALTH OUTREACH ACTIVITIES: A total of 67 female and male clients benefited from seven sessions on contraception and sexual and reproductive health during the reporting period in Sulaymaniyah and Erbil. Moreover, UNFPA organized five outreach activities targeting women and girls of reproductive age inside and outside the camps on reproductive health related issues and family planning.

REPRODUCTIVE HEALTH HUMAN RECOURSES: UNFPA supported 136 staff in clinics, health facilities and primary health care centres.

### **EGYPT**

REPRODUCTIVE HEALTH MATERIALS: A total of 4,000 flyers were developed by UNFPA on available primary health care services and distributed in greater Cairo to Syrian households. Using information provided by the Ministry of Health, the flyers contained information on locations of health offices, family health units and centres according to the district. In addition, the material included the listing of different services, prices, referral locations and emergency numbers.

### **TURKEY**

**REPRODUCTIVE HEALTH SERVICES:** UNFPA through its new partner the Syrian Social Gathering (SSG) in Mersin provided psychosocial services to 2,800 women and children during the first month of January.

The UNFPA-supported women counseling centre of SSG provided obstetrics and gynaecology services to 1,700 patients during the reporting period.

REPRODUCTIVE HEALTH SUPPLIES: UNFPA procured reproductive health kits to serve a population of 100,000-150,000 and dispatched the supplies to the warehouse of the Ministry of Health in Ankara.

UNFPA delivered 2,000 hygiene kits to Suruç temporary camp through AFAD, and 4,000 were sent to Sanliurfa to be distributed to out-of-camp Syrians through the International Middle East Peace Research Center (IMPR).

**REPRODUCTIVE HEALTH HUMAN RESOURCES:** UNFPA supported staff in NGO women counseling centres: two midwives and two psychologists and two Arabic teachers and a data processer.







"Despite all difficulties and tough weather conditions, we carried on our weekly visit to Damascus shelters to ensure that affected people will receive the essential medical services," Dr. Qutieba Shehab, gynaecologist, UNFPA-SFPA supported mobile clinic.

Credit: Kinda Katranji | UNFPA, 2015.

# SYRIAN ARAB REPUBLIC

GENDER-BASED VIOLENCE SERVICES: During the reporting period, UNFPA-assisted clinics and mobile teams provided medical examinations and psychosocial support to around 3,800 women residing in the affected areas of Damascus, Rural Damascus, Idleb, Homs and Tartous. In Damascus and Rural Damascus, GBV screening services were provided to 680 women, of whom 90 women were GBV survivors who subsequently received medical examinations, community services and legal advice by the UNFPA-assisted clinic.

A total of 34,200 women and men residing in Damascus, Rural Damascus, Aleppo, Idleb, Dar'a, Lattakia, Tartous and Homs received UNFPA-supplied dignity kits and other hygiene supplies through joint United Nations convoys and implementing partners.

GENDER-BASED VIOLENCE AWARENESS SESSIONS: UNFPA-assisted clinics and mobile teams in Damascus, Rural Damascus, Homs, Lattakia, Tartous, Idleb and Dar'a provided 4,300 GBV services, including 2,300 psychosocial support services.

WOMEN AND GIRLS SAFE SPACES: UNFPA supported nine centres that provide GBV screening and services for women in Damascus and Rural Damascus, through the deployment of gynaecologists, midwives, psychosocial support, counselors and nurses.

# **LEBANON**

GENDER-BASED VIOLENCE SERVICES: Supported by UNFPA, Intersos has provided 31 GBV survivors between the ages of 10 and 48 with individual psychosocial counseling and has enrolled 232 Syrian women between the ages of 13 and 50 years in emotional support groups targeting GBV survivors and women at risk.

GENDER-BASED VIOLENCE OUTREACH ACTIVITIES: UNFPA implementing partners reached 3,303 Syrian refugees with reproductive health and GBV related messages. Heartland Alliance reached 700 women 20 to 50 years old (353 Syrians and 347 Lebanese) who benefited from in-centre awareness raising sessions facilitated by previously trained social workers in Halba and reached another 886 women (387 Syrian and 499 Lebanese) in different locations. Intersos provided more than 40 basic life skills awareness sessions to 844 Lebanese and Syrian women, aged 16 to 55 years old, peer-to-peer programmes to 500 Syrian boys, aged 11 to 15 years old, while 373 Syrian women attended 21 awareness sessions on GBV.

GENDER-BASED VIOLENCE SUPPLIES: UNFPA implementing partners distributed dignity kits to 600 women - 299 Syrian and 301 Lebanese - who attended the in-centre awareness sessions. In addition, 675 dignity kits were distributed as part of the reproductive health outreach sessions.

GENDER-BASED VIOLENCE TRAINING: The sexual and gender-based violence task force, co-chaired by UNFPA, trained Norwegian Refugee Council staff on gender equality and GBV, to be followed by training on the same topics targeting refugee leaders.

UNFPA implementing partners conducted a training on GBV for 25 specialized and non-specialized GBV actors, including international NGOs, local NGOs and social development centres (SDC) staff.

GENDER-BASED VIOLENCE RELATED MATERIALS: Through UNFPA support, Heartland Alliance distributed delivery service cards to 3,500 Syrian and Lebanese women. Through Intersos, UNFPA distributed 1,800 leaflets on sexual and reproductive health, domestic violence and child marriage to 600 Syrian refugees.



Woman carrying her child after attending a session on life skills and receiving a dignity kit in Akkar, UNFPA Lebanon. Credit: UNFPA, 2015

Credit: UNFPA, 2014.





# **JORDAN**

GENDER-BASED VIOLENCE SERVICES: During the reporting period, 303 GBV survivors benefited from case management services, and around 3,188 participated in self-reliance, vocational, and life-skills trainings while around 3,700 women, girls, men and boys were sensitized on GBV issues, including on services available and referral pathways.

# **IRAQ**

GENDER-BASED VIOLENCE SERVICES: A total of 34 women and girls received psychosocial support services in UNFPA-supported centres in Dohuk and Erbil, 12 cases were referred to specialized services.

# GENDER-BASED VIOLENCE AWARENESS AND OUTREACH ACTIVITIES:

UNFPA organized awareness sessions in the UNFPA-supported spaces on GBV and reproductive health targeting 44 women and girls of reproductive age.

UNFPA - as an entry point for outreach - distributed dignity kits and winter clothing to Syrian women refugees as part of the United Nations winterization initiatives. UNFPA supported pregnant women and their newborns with winter clothing (dishdasha and baby kits) to withstand the winter storms. The winterization kits were made by Iraq displaced persons in UNFPA-supported women spaces.

WOMEN AND GIRLS SAFE SPACES: UNFPA supported nine women and girls spaces with day-to-day activities and staffing.

RECREATIONAL ACTIVITIES IN THE WOMEN CENTRES: UNFPA organized 28 recreational sessions on make-up, hairdressing, crocheting, and dress making, targeting 788 women and girls in Dohuk and Erbil.

### **TURKEY**

GENDER BASED VIOLENCE RELATED MATERIALS: UNFPA provided 2,000 copies of "Protection of Family in Turkey" to the American Bar Association Rule of Law Initiative (ABA ROLI) for their GBV activity in Gaziantep.

# **EGYPT**

GENDER-BASED VIOLENCE TRAINING COURSE: UNFPA in partnership with the Ministry of Health and UNICEF supported GBV training of 30 Syrian female community health workers in Damietta. This is a continuation of efforts to train Syrian refugees to become community health workers serving in locations with high concentrations of Syrian refugees.

GENDER BASED VIOLENCE RELATED MATERIALS: A total of 3,000 flyers developed by UNFPA on child marriage, GBV, and harassment were distributed in 6th October, 10th of Ramadan and Masr al-Jadida to Syrian families for improving awareness on forms of GBV, methods of prevention and services available for survivors.

WOMEN AND GIRLS SAFE SPACES: Support of two safe spaces in 6th October and Masr al-Jadida for adolescent girls started during the month. The spaces will provide several services, including psychosocial support, training, recreational activities, awareness campaigns and sport activities.



Syrian women, girls, men and boys attending awareness session on child marraige at the UNFPA-supported women's centre. Domiz camp, Iraq. Credit: Veronica Njikho | UNFPA, 2014.





# SUPPORTING ADOLESCENTS



A Syrian and Egyptian youth band performs Syrian heritage inspired songs in in Borg El Arab, Alexandria, Egypt.

Credit: Sarah Elaraby | UNFPA, 2015

# **IORDAN**

UNFPA's implementing partner conducted 81 youth activities benefiting 877 Syrian youth (570 female and 307 male) at the camps and at the UNFPA-supported clinic in Deir Alla. The activities highlighted reproductive health and GBV issues and included life skills training and recreational opportunities.

UNFPA provided information and services for Syrian youth, such as information on applying for scholarships and help with needed documentation.

# **IRAQ**

YOUTH RELATED TRAINING COURSE: UNFPA provided training courses to 128 Syrian youth: 20 participants (12 female, 8 male) participated in an engraving course; 26 youth (6 female, 20 male) participated in a music course; 22 participants (7 female, 15 male) in a drawing course; 16 participants (16 male) in basketball training; 30 participants in football training in the Domiz camp in Dohuk; and 24 participants (14 male, 10 female) in a photography course in Kawergosk and Darashakran camps in

The trainings in Domiz are ongoing five days a week, 2 hours per day. Once a week, for each of the courses/trainings the session is dedicated to peer education where awareness is raised through edutainment methods. Topics include sexual and reproductive health, AIDS and HIV, child marriage, personal hygiene, and general life skills.

YOUTH AWARENESS SESSIONS: Four awareness sessions were undertaken within the month of January with a total of 138 beneficiaries (35 female, 103 male). The awareness sessions were about child marriage and reproductive and sexual health. Most of the awareness activities targeting girls were conducted in the women's space; however, the presence of the sports field has been a vast success in attracting many young males to the youth space.

### **EGYPT**

YOUTH RELATED TRAINING COURSE: A total of 300 Syrian youth were recruited for football tournaments in 10th of Ramadan and 6th October. The activities are part of a larger project with the Arab Organization for Human Rights and the Syrian Women's Association (Soureyat). Messages on GBV and community involvement were included during the activities through behavioral information and communication materials and brief awareness sessions.

# UNFPA-SUPPORTED FACILITIES



Number of women's spaces

SYRIAN ARABIC REPUBLIC

JORDAN

17

(10 in camps)

LEBANON

5

IRAO 9

(3 in host communities)

EGYPT



Numberofreproductivehealthclinicsor mobile teams

SYRIAN ARABIC REPUBLIC

68

JORDAN

17 (10 in camps)

> IRAQ 7

Turkey

3



(10 in camps)

5

Number of youth centres

IORDAN

LEBANON

IRAO



Number of health facilities

SYRIAN ARABIC REPUBLIC

200 3 hospitals

JORDAN All Ministry of Health Facilities /all NGOs providing RH services

> IRAO 6

5



# COORDINATION & CAPACITY BUILDING

### SYRIAN ARAB REPUBLIC

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

UNFPA organized a one-day advocacy meeting for 30 participants of implementing partners on the ICPD beyond 2014 areas of work and its integration into national plans.

### **LEBANON**

UNFPA co-chaired the monthly sexual and gender-based violence task force meeting (SGBVTF). During the meeting, a discussion on the SGBVTF targets for 2015 was initiated, with agreement to identify targets and to conduct training on the new info database.

UNFPA and colleagues from UNHCR, the International Medical Corps and CARE who had attended training in December 2014 on gender mainstreaming in humanitarian situations recommended forming a gender working group, including a work plan with the SGBVTF for further discussion and follow-up.

The SGBV taskforce chaired work on the preparation of the Strategem mission to Lebanon, which took place in late January. Stratagem International has been contracted by UNICEF to research, design and develop an inter-agency emergency preparedness and response toolkit to better address GBV. The project aims to conduct research on GBV preparedness and response practices in emergency-affected environments. Lebanon, along with the Democratic Republic of Congo, Myanmar and Pakistan, has been selected for this exercise and research. During this mission the Stratagem team conducted individual interviews with key practitioners and observed relevant coordination meetings.

### **JORDAN**

UNFPA chaired the reproductive health working group, where members reviewed messages and brainstormed on how to represent them to the targeted beneficiaries whether through brochure, posters or flyers. UNFPA started updating reproductive health service mapping to enhance referral and information sharing of available services between partners. A new spontaneous abortion (miscarriage) log book was piloted and will be implemented in maternity units in Zaatari and Azraq camps.

UNFPA co-chaired, together with UNHCR, the bi-weekly national SGBV sub-working group (SWG), functioning under the Protection Working Group and the GBV Information Management System (IMS) Task Force. Members discussed the registration of undocumented marriages and protection in the informal tented settlements.

UNFPA co-chaired the weekly Youth Task Force (YTF) meetings in Zaatari camp, where members discussed the youth internet use survey, potential scholarships and the desk study initiative about the situation of Syrian youth in Jordan.

### **TURKEY**

UNFPA participated in bimonthly humanitarian coordination meetings (including health, protection and logistics sectors) in Gaziantep and Hatay. The Fund also participated in the United Nations Task Force weekly meetings in Ankara and conducted a field visit to Nizip-1 Camp.

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

### **EGYPT**

UNFPA participated in health working group, where members discussed the feedback of the health needs assessment methodology, OCHA-CERF funding and coordination of efforts regarding community outreach activities.





# CHALLENGES

### SYRIAN ARAB REPUBLIC

The timely delivery of humanitarian assistance, especially in light of United Nations Security Council Resolutions 2139, 2165 and 2191, are facing difficulties due to the ongoing security conditions and challenges of coordination with other country offices. This coupled with limited donors' contributions and funding is affecting the ability of UNFPA and Implementing partners to reach out to more affected people with reproductive health and GBV services.

# **LEBANON**

Social tensions between host and refugee communities remain a challenge for UNFPA's implementing partners in involving participants from both communities in common activities.

The January snowstorm kept many roads across Lebanon blocked and hindered access of UNFPA staff to the field for monitoring purposes.

Funding insecurities in January led to discontinuity in some interventions being carried out by UNFPA's implementing partners.

# **JORDAN**

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

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

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

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

There are challenges in the referral system for obstetric emergencies from the camps to hospitals outside; most of the cases were initially refused by the referral hospital outside the camps.

### IRAC

The small pool of peer educators available in the camps in Erbil is a challenge. Currently most of the peer-education sessions are limited in Domiz camp in Dohuk as there are only two master trainers in all of the Kurdistan Region.

Limited access to education exacerbates protection concerns such as child marriage and child labour as a result of limited availability of secondary education for young people. For example, the high school in the camps in Erbil (Darashakran in particular) are not taking any students and are not functioning at the moment. The lack of education opportunities is one factor driving child marriage.

There are limited interventions for refugees in urban areas due to insufficiency of the operational protection strategy for refugees in urban settings.

### **TURKEY**

Faced with weak data collection and management information systems, AFAD figures on deliveries are lower than the humanitarian standard estimates would indicate. This raises questions on unattended or underreported deliveries in and out of camp populations.

Host community and humanitarian services are negatively affected by collateral damage at the border region.

The discomfort of host communities is increasing for socio-economic and other reasons. There have been protests and violence against Syrians in Gaziantep, Sanliurfa and in some other places.

Significant changes have been made in the structure and leadership of the Turkish Ministry of Family and Social Policies and the Ministry of Health. Ministry of Health structural changes at central and provincial levels have loosened integrated primary health care provision, particularly affecting reproductive health.

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

### **EGYPT**

Refugees are scattered over large urban areas, which poses a challenge for most aid agencies to provide support for all refugees residing in Egypt. In addition, since the population is still regularly moving, allocation and provision of services are still difficult.

Registration of births of Syrian newborns in absence of the father or a marriage certificate remains an issue that requires advocacy, although currently several legal and human rights organizations provide aid for registration for those cases.

Although the Egyptian Government has allowed access to medical and educational public services for Syrians, the issue of improving accessibility and the quality of service provision remains a challenge and necessitates continual support and capacity building in areas with a high concentration of Syrians.

There have been 1,300 arrests of Syrian nationals trying to depart Egypt through irregular migration by sea, including 500 children and 300 women; a large number of the arrested Syrians have been released recently through advocacy efforts.

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







1- 31 January 2015

# FUNDING

Through the CERF under-funded window for Syrian refugees in Iraq, UNFPA was awareded \$200,000 for its reproductive health programme and \$250,000 for the GBV prevention and response programme.

UNFPA Turkey office received \$315,700 from the UNFPA Emergency Response Fund (HQ).

# DONORS & PARTNERS

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

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

### **IMPLEMENTING PARTNERS**

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

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

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# RELEVANT RESOURCES

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

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