



Saffiya, 49 years old, a mother of eight children, is a volunteer at the UNFPA supported women's centre at Zaatari camp. Saffiya runs workshops teaching crafts such as soap making. "Buying soap from the market is very expensive. It saves us money if we make soap at the centre. And we feel like we're contributing by reducing expenses at home."

Saffiya is a strong, entrepreneurial woman who first learned about the centre from a neighbour shortly after she arrived in Azraq camp. "There is a lot the camp provides for us but I just can't sit at home doing nothing. I was very happy when I heard about the centre because I have many skills and I wanted to feel useful again. I asked if I could become a trainer. And now I'm teaching other women embroidery and how to make your own soap," Saffiya said. Since joining the centre as a volunteer, she has become an avid supporter and advocate for the centre and its services. With her resolute but motherly charisma, she is reaching out to other women in the camp who may benefit from the services the centre offers.

Saffiya recalls the first time she reached out to another family. "Our neighbour's 13-year-old daughter got engaged and when I heard the news I went to talk to her parents," she remembers. "I told them what I had learned at the women's centre. That at 13 their daughter wasn't physically or mentally mature enough. I warned them about the dangers. I said it would be a huge disadvantage for her to be married so young. They changed their mind and broke the engagement. Her father, in fact, was so relieved, he celebrated by buying everyone sweets. Now the mother and daughter come to the centre. The girl is like a different person, completely changed. She was very shy but she has come out of her shell. Now she is outgoing and confident," Saffiya elaborated.

Volunteering and sharing her knowledge has given Saffiya a new focus. She enjoys the community spirit at the centre. "We've become a community. When the centre opens in the morning, we have coffee together. We talk and share our worries but our ideas, too." Saffiya insists, there is a lot we can make. Many of the women have skills that they never thought of as a resource. What we make at the centre could really help our families in different ways."

HIGHLIGHTS

SYRIAN ARAB REPUBLIC

UNFPA delivers 84,000 reproductive health and gender-based violence services to affected people in Damascus, Aleppo, Sweida, Lattakia, Tartous, Homs, Hasakah, and Hama.

LEBANON

UNFPA assesses outcomes of the livelihood programme conducted in partnership with INTERSOS and finalizes an assessment on the UNFPA-supported women safe spaces across the country. UNFPA also completes an assessment of the effectiveness of integrating awareness-raising on reproductive health and gender-based violence with 'Cash for Work' programme.

JORDAN

UNFPA provides 9,894 reproductive health services, and conducts 54 community-based awareness sessions targeting 835 Syrian refugees. UNFPA also expands the UNFPA-UN Women women's centre in District 3 in Zaatari camp.

IRAQ

UNFPA provides 6,876 reproductive health services to Syrian women and reaches 2,574 women and girls with messages on gender-based violence and reproductive health related issues through 510 outreach sessions conducted in camps and in host communities. UNFPA also arranges recreational activities for 1,083 women and girls within and outside camps.

TURKEY

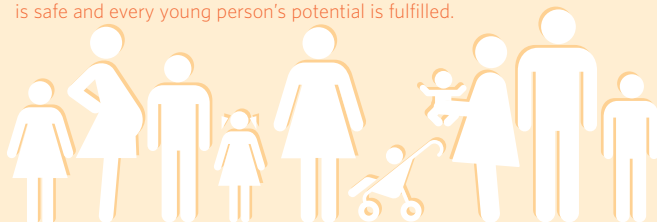
UNFPA provides gender-based and reproductive health services to 1,000 Syrian women and conducts reproductive health awareness sessions targeting 333 Syrian women in Urfa and Mersin.

EGYPT

UNFPA supports 12 sessions on health education, psychology, and sport and recreational activities for 35 Syrian girls in the UNFPA-supported safe space in 6th October City. Over 180 women and girls attend group sessions on early marriage, gender-based violence, and other relevant health issues. UNFPA supports 43 home visits by community health workers and distributes 800 copies of awareness brochures on reproductive health and gender-based violence.

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 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.



No one in Syria has escaped the impact of four years of civil war. The country has almost lost four decades of human development. Today, four out of five Syrians live in poverty, misery, and deprivation. People live in overcrowded conditions with poor protection mechanisms. More than half of the hospitals have closed down or lost services. The number of health professionals has dropped by more than half. Unemployment has risen to over 50 percent. Life expectancy has declined by 20 years. Gender-based violence has become widespread and is sometime being perpetrated in a systematic and sophisticated manner. More than half of the Syrian population is estimated to be in need of humanitarian assistance. A total of 6.5 million people have been displaced within Syria, and more than 3 to 4 million are living as refugees in neighbouring states. About 4 million of the total affected population are women and girls of reproductive age. More than half a million pregnant women need urgent assistance within and outside the country.

Neighbouring countries are struggling to handle the exodus. There are more than 600,000 Syrian refugees in Lebanon, 1.2 million in Jordan, 135,000 in Egypt, and some 1.8 million living in camps or surrounding communities in Turkey. Iraq is now facing two crises at the same time: in addition to accommodating 250,000 Syrian refugees, it is also struggling to assist more than 2.5 million Iraqis who have been displaced since early 2014 as a result of acts by the so-called Islamic State within the country and in Syria.

The situation is fragile. Women and girls, who are a binding agent in a broken society, face a daily struggle to find enough money to pay the rent, buy food and basic items, and access services such as healthcare. They need protection, support, and a life of dignity.

HUMANITARIAN SITUATION



One-third of Syrian refugees living in host communities in Lebanon are unemployed, according to a study conducted in 2014 by the International Labour Organization (ILO). Most refugees, the report says, lack skills and education, and suffer from low wages and harsh working conditions.

Female Syrian refugees are particularly vulnerable to unemployment. According to the ILO report, over two-thirds of women looking for work in Lebanon are unable to find a job. Only two out of 10 working refugees are female, earning about 40 percent less on average than their male counterparts.

Credit: David Brunetti | UNFPA, 2015.

SYRIAN ARAB REPUBLIC

The political and security situation in Syria remained tense during the reporting period. Military operations and clashes continued in Rural Damascus, Dar'a, Homs, Idlib, Aleppo, Deir ez-Zor and Raqqa, coupled with mortar shelling on inhabited areas in Damascus. The conflict particularly intensified in Rural Idlib and Palmyra in Homs, leading to an increase in the number of injured and displaced people including women and youth. The number of hard-to-reach areas reached 137, hosting around 4.8 million people, who are exposed to different types of threats including limited access to reproductive health and gender-based violence related services.

UNFPA and its implementing partners are particularly concerned about the manner in which financial hardship, poor security, and a culture of child marriage predispose young Syrian women to the risk of being exploited into forced and child marriages in shelters for the internally displaced.

The deteriorating security situation is affecting the ability of humanitarian actors, including United Nations agencies, to deliver humanitarian aid and assistance to besieged areas in Rural Damascus, Aleppo, Deir ez-Zor, Idlib and Dar'a, especially through the joint United Nations convoys.

LEBANON

The UNHCR has temporarily suspended all official registration activities, including registration of newborns and individuals who have resided in the country before January 5. The measure has been taken in response to a governmental request to deregister 1,471 refugees arriving in the country after January 5. The repercussions of this suspension on the delivery of services and the legality of refugees' residence.

The agitated security situation in Aarsal persisted as Internal Security Forces (ISF) experts dismantled a car bomb rigged with 35 kilograms of explosives on the outskirts of the northeastern border town. The

Lebanese Army continued its regular security checks in informal settlements, carrying out evictions and arresting Syrian refugees without proper documentation of legal residency. Current events are forcing Syrian refugees to limit their movement. Continuation of centre-based activities is also becoming more difficult in certain areas.

Birth registration continues to be a challenge, with an estimated 52,000 newborn Syrian babies being born since the beginning of the crisis in 2012. Only 31 percent of these children have birth certificates; 69 percent do not have them, largely because of lack of relevant documentation including marriage certificates, which parents say have gone missing.

Meanwhile, UNFPA, in partnership with its implementing partner INTERSOS, has embarked on an assessment of the previous livelihood programme, as well as of the UNFPA-supported women safe spaces across the country. The findings of these assessments will be released in July.

Following implementation of a joint partnership with the International Rescue Corps for integration of awareness-raising on reproductive health and gender-based violence with 'Cash for Work,' UNFPA completed an assessment of the awareness-raising component to assess the effectiveness of the approach and strategies employed.

The results of the assessment at the level of community leaders are as follows:

Community leaders expressed great satisfaction with the project. The most noteworthy impact was observed in terms of an increase in their self-esteem and confidence. All three topics selected for the awareness-raising component (i.e., early marriage, personal hygiene, and family planning) were described as being highly pertinent to the needs of the beneficiaries and were very well received by them.

The results of the assessment at the level of women beneficiaries are as follows:

Women greatly benefited from the awareness sessions in terms of improved knowledge. Many of them had never seen a condom; some had misconceptions about birth control pills; still others were unaware of the right way to breastfeed. As such, the sessions enabled them to get correct information. In some cases, improvement in knowledge resulted in a visible change in their behaviour and attitude as some women started using contraceptive methods as a direct result of the session.

The assessment underscored the need for greater advocacy with community service providers regarding provision of free reproductive health services, given that some women are unable to avail such services due to financial barriers. It also emphasized the need to increase the number of trainings and awareness sessions, and to widely disseminate information materials on these topics to women in remote villages in Akkar for the benefit of both Lebanese and Syrian communities. Women also requested for provision of more information on dealing with gender-based and domestic violence; they suggested that hotline numbers be provided to them so that they can seek instant help, when required.

JORDAN

The deteriorating and continuing conflict in Syria, especially after the so-called Islamic State gained control of the ancient city of Palmyra, has increased the number of Syrian refugees seeking refuge in Jordan. The number of refugees reached 17,967 individuals (males: 51.3 percent; females: 48.9 percent) in the Azraq camp, and 82,841 individuals (50 percent of them females) in the Zaatari camp.

QUICK FIGURES

SYRIAN ARAB REPUBLIC:

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

LEBANON:

SYRIAN REFUGEES	1,183,327
SYRIAN WOMEN AND GIRLS OF REPRODUCTIVE AGE	301,127
SYRIAN PREGNANT WOMEN	21,181
SYRIAN YOUTH	214,604

JORDAN:

SYRIAN REFUGEES	628,160
SYRIAN WOMEN AND GIRLS OF REPRODUCTIVE AGE	152,964
SYRIAN PREGNANT WOMEN	11,244
SYRIAN YOUTH	131,111

IRAQ:

SYRIAN REFUGEES	248,203
SYRIAN WOMEN AND GIRLS OF REPRODUCTIVE AGE	56,987
SYRIAN PREGNANT WOMEN	4,442
SYRIAN YOUTH	65,570

TURKEY:

SYRIAN REFUGEES	1,761,486
SYRIAN WOMEN AND GIRLS OF REPRODUCTIVE AGE	440,150
SYRIAN PREGNANT WOMEN	31,530
SYRIAN YOUTH	264,090

EGYPT:

SYRIAN REFUGEES	133,862
SYRIAN WOMEN AND GIRLS OF REPRODUCTIVE AGE	34,177
SYRIAN PREGNANT WOMEN	2,370
SYRIAN YOUTH	28,458

SOURCES: Turkey's Disaster and Emergency Management Authority (AFAD), UNHCR, OCHA, and UNFPA May 2015

Frequent power outages in the Zaatari camp since mid-April, specifically in areas where the delivery clinic is located, aggravated the sufferings of pregnant Syrian women. UNFPA is looking for alternative solutions such as use of solar energy to operate medical equipment and to maintain cool room temperatures within clinics.

IRAQ

Iraq hosts a total of 247,000 Syrian refugees in the Kurdistan Region and has more than 2.8 million internally displaced persons, of which around 1.5 million persons live in conflict-affected areas in different regions of the country. Preliminary data show that around 900,000 of the total displaced persons are women of reproductive age (15-49 years), around 350,000 are adolescent girls (13-18 years) and 10-15 percent of the displaced families are female-headed households.

During the reporting period, more than 130,000 civilians were forced to flee the Iraqi city of Ramadi after Islamic State militants took control, according to a statement from the UN Office for the Coordination of Humanitarian Affairs (OCHA) in Iraq. Many fled towards Baghdad. OCHA described the crisis in Iraq as one of the most brutal in the world.

Donor communities and humanitarian workers continued to focus on the internally displaced persons' crisis, thereby affecting the Syria refugee response in term of availability of adequate funding for effective sustainability of services.

TURKEY

The Syrian influx to Turkey continued during the month of May. The overall estimated number of Syrian refugees in Turkey is around 2 million. According to UNHCR, 1,501,456 registered Syrian refugees are residing outside the camps. According to the Turkey's Disaster and Emergency Management Authority (AFAD), there are 259,147 Syrian refugees living in 25 camps in 10 provinces. Increasing demand on basic needs and services has placed the Government and international aid agencies under pressure to maintain a constant funding source.

As the Syrian conflict continues, so too does the struggle to survive for millions of Syrian refugees. Thousands of Syrian refugees have opted to leave camps in border areas and to travel to big cities like Ankara and Istanbul in the hope of finding employment. Refugees who leave camps face the risk of major health issues, including tuberculosis (TB) and upper respiratory tract infections. The treatment of TB is available free of charge in Turkey; due to its contagious nature, TB is still considered a high-risk illness. For the first time in 30 years, the number of TB cases in Turkey has noticeably increased. Syrian refugees are often unable to receive consistent treatment for TB to fully recover, creating a perpetual risk, not only for themselves but also for the surrounding environment.

According to a report of the Centre for Migration and Political Research in Turkey, Syrian refugees in the country are expected to stay on. Health officials in Turkey are, therefore, emphasizing the implementation of specific social service programmes for Syrian refugees as a preventive measure, as some contagious diseases are on the rise.

UNFPA continued to carry out activities aimed at capacity building of the Ministry of Health provincial directorates to implement the national reproductive health action plan within the framework of the national contingency and preparedness plan. Moreover, it also provided technical support to counseling units to ensure quality access to reproductive health and gender-based violence services.



Suha Nimir, the UNFPA gender-based violence focal point in Baghdad said, "Today, there are more than 900,000 internally displaced women in Iraq who need our support; their number is growing and action is needed. Yes, it is only a small bag with a few items (describing the dignity kit), but I saw its value in the eyes of these women."

Dunya, a social worker in the UNFPA-supported women's centre in Kerbala said, "The situation on the ground is grim and tense. Women and girls are living in fear. Sexual violence has become a systematic approach used by ISIS in war. I met 60 widowed females in the Al Hur Region in Kerbala. It was heart-rending; many of them are young women whose husbands have been killed by ISIS. It's hard that they can't be in their own homes right now. They are completely lost; no shelter, no support. They only hold fear of tomorrow."

Nadyia, a 35 year-old widowed mother, along with her five-year-old child, has been displaced to Kerbala after the ISIS killed her husband. She said, "We came alone with no hope, and to unknown fate." Her child, who acquired an infection during travel, could not survive even though she managed to collect some money to cover his medication. "I lost my husband there, and I lost my only child here," Nadyia said.

Suha said, "We are trying to rebuild trust among these women by reminding them that they are humans who deserve to be protected and who have the right to lead a life of dignity."

UNFPA works around the clock to help internally displaced women and girls, who have been forced to flee their homes, seeking safe refuge in Baghdad after ISIS gained control of Al Ramadi provincial capital city of Anbar. During the month of May, UNFPA, along with its partners, conducted a rapid assessment to determine the needs of around 5,000 women and girls, and provided more than 2,700 hygiene kits to new arrivals to preserve dignity and save lives.

Credit: Suha Nimir | UNFPA, 2015.

UNFPA humanitarian assistance will continue to expand during 2015 as the number of Syrian refugees benefiting from services being provided by counseling units is increasing, and demand on quality reproductive health and gender-based violence services is rising.

EGYPT

The number of Syrian refugees in Egypt reached 134,329 during the reporting period. Most of the refugees are scattered in rented households in the outskirts of large urban centres such as Greater Cairo, Alexandria, and Damietta. Syrian refugees have been granted access to public services, including primary health care services 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 the Egyptian population. With the prolongation of the crisis and decreased funding, vulnerabilities are escalating among Syrian refugees, particularly in terms of debts incurred due to healthcare costs.

HUMANITARIAN RESPONSE 1-31 MAY 2015

REPRODUCTIVE HEALTH INCLUDING FAMILY PLANNING

SYRIAN ARAB REPUBLIC

REPRODUCTIVE HEALTH SERVICES: During the reporting period, UNFPA continued to support its implementing partners in the delivery of lifesaving reproductive health services to affected people in Syria. As such, 60,568 reproductive health services, including family planning services, were provided to around 20,190 women, and safe delivery services were extended to 320 women through the UNFPA reproductive health vouchers. Of the total, 165 women opted for Caesarean-section.

REPRODUCTIVE HEALTH AWARENESS ACTIVITIES: UNFPA-assisted Syrian Arab Red Crescent (SARC) and Syrian Family Planning Association (SFPA) mobile teams delivered 11,520 awareness services in Damascus, Rural Damascus, Homs, Aleppo, Lattakia, Tartous, and Hama.

REPRODUCTIVE HEALTH SUPPLIES: UNFPA provided reproductive health pharmaceutical supplies (Fluconazole 150 mg) to the Ministry of Health and enabled 60,000 women to receive medical treatment for sexually transmitted diseases.

SUPPORTING HUMAN RESOURCES: UNFPA continued to support the 28 mobile clinics, 27 static clinics, 13 medical points, and mobile teams of SFPA and SARC through deployment of 207 obstetricians, gynaecologists, midwives, nurses, and social workers in 12 governorates.

JORDAN

INTERNATIONAL MIDWIFERY DAY CELEBRATION At Zaatari camp: UNFPA and its partners celebrated International Midwifery Day on May 5, 2015 in the Zaatari camp to honor midwives for their huge contribution towards provision of a healthy environment for childbearing women by offering healthcare to mothers and newborn babies. A film based on a success story of a midwife who saved the life of a baby in a very difficult situation was also shown on the occasion. In the end, certificates of appreciation were awarded to all midwives providing life-saving services in the camp under difficult conditions.

REPRODUCTIVE HEALTH SERVICES: During the reporting period, 9,894 reproductive health services were provided at UNFPA-supported facilities; 90 percent of women benefited from these services inside the camp; a total of 217 normal deliveries took place at the Zaatari

camp while 3,239 women inside camps benefited from ante-natal care services.

REPRODUCTIVE HEALTH AWARENESS SESSIONS: UNFPA reached 2,468 beneficiaries with reproductive health awareness activities during the reporting period; of these, 23 percent were living with host communities.

REPRODUCTIVE HEALTH SUPPLIES: UNFPA provided reproductive health kits to partners and equipped the delivery room at the Zaatari clinic with ultrasound and cardiocography machines.

REPRODUCTIVE HEALTH TRAINING: UNFPA supported a two-day training session on basics of reproductive health and gender-based violence and the referral system for healthcare providers working with refugees. It also organized a two-day training session for healthcare providers on reproductive health protocols and family planning counseling, and a five-day training on the UNFPA Minimum Initial Service Package for 23 doctors and midwives from the Ministry of Health and other partners.

UNFPA also conducted a roundtable discussion in the UNFPA reproductive health clinic in Zaatari camp; a session on ante-natal high-risk pregnancy risk factor scoring was conducted for 17 healthcare providers working with UNFPA implementing partners. The purpose of the training was to promote early detection of risk factors and ensure timely referrals.

IRAQ

REPRODUCTIVE HEALTH SERVICES: A total of 6,876 women received reproductive health related services during the reporting period. Of these, 3,031 women availed diagnostic services, 238 were hospitalized, 2,915 received ante-natal care, and 78 women received post-natal care. A total of 264 babies were delivered. As many as 98 women opted for Caesarean-section deliveries with the support of UNFPA. A total of 252 women and men received contraceptives.

REPRODUCTIVE HEALTH AWARENESS SESSIONS: UNFPA organized four awareness sessions on family planning for 23 women in the Sulaymaniyah governorate.

TURKEY

REPRODUCTIVE HEALTH SERVICES: UNFPA, in partnership with the Syrian Social Gathering (SSG) in Mersin, the International Middle-East Peace Research (IMPR) Center, and Harran University Department of Public Health (both in Sanliurfa), provided gender-based and reproductive health services to 1,000 Syrian women.

REPRODUCTIVE HEALTH AWARENESS SESSIONS: UNFPA, in partnership with Harran University, SSG, and IMPR Center, conducted several reproductive health awareness sessions targeting 333 Syrian women in Urfa and Mersin.

REPRODUCTIVE HEALTH OUTREACH ACTIVITIES: During the reporting period, 16 women participated in a family planning session organized by UNFPA through its implementing partner in Urfa.

REPRODUCTIVE HEALTH TRAINING: UNFPA, in partnership with Harran University, organized two training courses on prevention of child marriages and immunization for 68 Syrian refugees.

REPRODUCTIVE HEALTH MATERIALS DEVELOPED: UNFPA, through the IMPR Center, developed a brochure on gynecological infections and distributed family planning and antenatal booklets to Syrian refugees.

Harran University in Sanliurfa developed and printed 1,000 health manuals in both Arabic and Turkish languages and distributed these to students in Harran language courses, IMPR, and Sanliurfa Public Health Department for dissemination in camps.

REPRODUCTIVE HEALTH AWARENESS SESSIONS: Around 90 women in Cairo, Damietta, and Alexandria participated in an awareness session organized to familiarize Syrian refugees with available primary healthcare services. During the session, UNFPA distributed awareness materials on gender-based violence, reproductive health, and available services. This was followed by an open discussion during which the participants asked questions related to reproductive, mental, and child health issues.

EGYPT

REPRODUCTIVE HEALTH AWARENESS SESSIONS: In Damietta, 123 women and 58 girls attended 11 group sessions on reproductive health, first aid, nutrition, and gender based-violence. This was part of initial activities carried out in a safe space supported by UNFPA and operated by Terre Des Hommes.

REPRODUCTIVE HEALTH TRAINING: A total of 10 social workers and community leaders were recruited to help operate a safe space in Damietta. The trainees received intensive training to be able to carry out health awareness sessions and home visits for Syrian women and girls in the community.

GENDER EQUALITY AND WOMEN'S EMPOWERMENT



"Shake me from my sleep. Whisper in my ear; tell me it was just a bad dream." This is how Huda, a 22 year-old girl reacted when she was forced to leave her home in Syria and flee with her twin sister to Alexandria in 2012. Back in Damascus, Huda was a sophomore studying nutrition. She was at the top of her class and a candidate for a grant to continue her studies in the United Kingdom. "I was blessed as none of my family members was injured in the events; however, we were severely threatened. Our neighbours were killed and assaulted by gang members so we had to remain confined in the house most of the time to escape violence," she recollected. "Eventually we had to leave our home. The decision was not easy but we just had to," Huda said, remembering her last moments in Syria.

"When I first came to Egypt, I faced many challenges. It was impossible to continue my education, and I was in desperate need to work and support myself," said Huda. She recalled a long list of jobs she had to accept where she was paid far less than the market price, and had to work 12 hours a day, 6 days a week. "I knew I was being exploited because I was a refugee, but I had no other option," Huda continued. A year later, she decided to quit her last job but was threatened that her passport would not be returned. However, she was brave enough to take a stand and persisted to get it back. Huda decided to find reasons for optimism and hope, rather than dwell on what was going wrong. She decided to break the barriers of her situation and the difficulties she had faced in Syria and Egypt. She decided to work to change her own situation, as well as the situation of other Syrian women.

Huda, along with several young Syrian women, started an initiative for community participation called 'Syriana.' "The humanitarian activities in Egypt were either targeting children or providing training for men," she said, "so we wanted to support Syrian women. There were many skillful and innovative Syrian women who just needed support and opportunities," Huda continued. Through UNFPA-supported outreach activities in Alexandria, Huda became aware of UNFPA-supported safe spaces for Syrian women and girls. "We really needed places like these; places that work on raising awareness, supporting Syrian women in Egypt about issues that matter to them, and helping their social and economic integration in the new societies," Huda explained. Now, Huda is one of UNFPA's field coordinators for a recently-established Syrian women and girls' safe space in Alexandria, which is supported by UNFPA. "I am so happy today for being able to help Syrian women and give them better opportunities and living conditions than the ones I had when I first arrived here, while also being able to financially support myself and my little sister," said Huda proudly.

Credit: Mohamed Megahed | UNFPA, 2015.

SYRIAN ARAB REPUBLIC

GENDER-BASED VIOLENCE SERVICES: During the reporting period, UNFPA-assisted SARC and SFPA clinics and mobile teams provided medical examination and psychosocial support to around 4,892 women residing in the affected governorates. Moreover, UNFPA provided essential services to 4,892 cases of gender-based violence.

GENDER-BASED VIOLENCE AWARENESS SESSIONS: UNFPA and its partners in Damascus, Rural Damascus, Homs, Lattakia, Tartous, Idleb and Dar'a provided 4,200 gender-based violence services during the period under review.

WOMEN AND GIRLS SAFE SPACES: UNFPA supported 11 comprehensive reproductive health women centres in Damascus, Rural Damascus, Aleppo, Sweida, Lattakia, Tartous, Hasakah, and Hama through the deployment of gynaecologists, midwives, psychosocial counselors, and nurses.

JORDAN

GENDER-BASED VIOLENCE SERVICES: During the reporting period, a total of 73 gender-based violence survivors accessed safe and confidential case management services. As many as 195 gender-based violence survivors benefited from case management services, of which 56 percent were women aged above 24 years. In addition, 3,392 women, girls, men and boys benefited from self-reliance, vocational training, and life skills activities, with 42 percent of the targeted women being under 18 years of age and 16 percent aged between 18-24 years. A total of 3,341 beneficiaries were directly sensitized on gender-based violence issues, available services, and referral pathways while 1,066 were reached through outreach visits.

In the Azraq camp, UNFPA, through safe spaces operated by IMC, has implemented a reception process and shelter allocation for female-headed households to reduce their risk and to mitigate protection concerns by taking the special needs and vulnerabilities of this population group into account. During the reporting period, UNFPA/IMC provided protection services at the reception area to 285 newly-arrived female heads of household, and to their 562 dependents. An average of 9.19 female-headed households per day benefited from protection services at the reception area. Also, the largest percentage of women (40 percent) who received protection services at the reception area were aged between 18-29 years, followed by the 40-49 year age group (21 percent).

GENDER-BASED VIOLENCE AWARENESS SESSIONS: UNFPA, through its implementing partners, organizes community awareness workshops on reproductive health and gender-based violence within UNFPA-supported facilities inside camps and in host communities. These workshops specifically target adolescent girls, women, and mothers defined as high-risk through the reproductive health assessment, women and men survivors of violence, and female-headed households. A total of 134 sessions on gender-based violence issues were conducted during the reporting period. The sessions focused on domestic violence, gender-based violence prevention and response, sexual violence, sexual harassment, and community education on available services in camps. The sessions also accorded dedicated attention to safe behaviour in camps and positive behaviour within and outside the family, concepts of gender, family planning, safe motherhood, breastfeeding, sexually transmitted diseases, early marriage and pregnancy, as well as HIV and AIDS.

Two protection case managers facilitated sessions on 'women's strengths in difficult situations,' using the media short movie 'Separation.' At the end of the session, some women reported feeling confident sharing their own stories and accomplishments related



Amir, from Homs, arrived in Jordan two years ago.

One day, Amir was detained at a checkpoint, where he was beaten for hours before being shot in the back as he was walking away. When he moved, his assailants came closer, shot him three times at close range, and left him for dead. He was taken to hospital, where he was pronounced dead on arrival. However, the staff in the morgue realized he was still alive. Amir received emergency medical attention and miraculously survived. "I have angels looking after me," Amir said, while narrating the story.

The day Amir was injured on his way back home was the day the family decided to leave Homs. They left soon after his release from hospital. Their journey to safety was long, dangerous, and difficult. They were separated during the journey but survived and are now reunited in Amman, Jordan, where Amir lives with his extended family. He shares a small flat with his parents, siblings, his elder sister and her young family. Together, they care for his aunt and grandmother, both of who have health issues. "Our main worry is that everybody should have enough to eat. But at least we are safe and together," he maintained.

Amir is now a volunteer at the UNFPA-supported women's centre in Sweileh, Amman. "It means a lot to me to work at the Centre because I wasn't able to finish school in Syria, and the Centre provides me with a chance to stay connected to learning while helping other Syrian refugees access healthcare and information. The allowance I get here helps me to support my family in Jordan and to keep a roof over our heads."

"I want to build a life for myself. I don't know what I will be in the future because there aren't many opportunities for refugees, but I want to make the most of this chance. I am trying to learn as much as possible from this opportunity," Amir said.

Credit: David Brunetti | UNFPA, 2015.

to their situation, and their participation in psychosocial support activities. A total of 136 adolescent girls and women participated in competitions and awareness sessions.

In the host communities, medical and psychosocial teams of UNFPA's implementing partner conducted 33 home visits during the reporting period, benefiting Syrian refugees in Deir Alla and Sweileh for community outreach purposes. The team consisted of a nurse and a social worker who carried out visits to identify families at risk through a screening form. Some visits included provision of medical services to those who could not access UNFPA clinics, as well as provision of ante-natal and post-natal care services, family planning and reproductive health counseling.

A total of 54 community-based awareness sessions targeting 835 Syrian refugees in the Cyber City, King Abdullah Park, and Emirati Jordanian camps were conducted. Of these, 19 sessions were on reproductive health and 35 on gender-based violence related issues.

WOMEN SPACES: In the Zaatari camp, UNFPA finalized the expansion phase of the UNFPA and UN Women women's safe space located in District 3. The indoor capacity of the expanded site has increased by 150 percent.

UNFPA Site 3 located in District 5 received a storage caravan that will help reduce pressure on activity caravans which were used earlier for storage of needed materials.



Syrian women participating in a bazaar conducted in Domiz camp in Iraq.
Credit: Saleem Akray | UNFPA, 2015

IRAQ

GENDER-BASED VIOLENCE SERVICES: UNFPA provided gender-based violence related services to 70 women and girls in five camps. As many as 42 women received counseling services in the Basirma camp while 11 cases were referred to the Danish Refugee Council (DRC) for further care and assistance. In the Darashakran camp, 11 women received psychosocial support and listening services while four cases were referred to the camp management and DRC. Another 22 women in the Kawergosk camp and 47 women in the Qushtapa camp received psychosocial support.

During the reporting period, 24 gender-based violence cases were reported to Domiz 1, Domiz 2 and Gawilan women space. Of these, two cases pertained to sexual violence, 12 to physical violence, and 10 cases were related to emotional and psychological issues.

UNFPA referred two cases to medical care, offered legal support in six cases, provided psychosocial support in 13 cases, and assured safety to three cases.

GENDER-BASED VIOLENCE AWARENESS SESSIONS: UNFPA's implementing partner Al Masala organized a session on reproductive health and gender-based violence with a special focus on women's rights and medical care services for pregnant women in the Nergiz women space in Erbil. The session targeted 84 women and girls. In the Darashakran camp, Al Masala reached 61 women and girls with messages on family planning, social awareness, and maintenance of health and well-being among women. In the Kawergosk camp, Al Masala reached 16 women and girls with family planning and gender-based violence risk mitigation strategies. In the Qushtapa camp, Al Masala, in collaboration with the primary healthcare centre in the camp, reached 187 women and girls with messages on domestic violence, teenage pregnancy awareness, and family planning.

RECREATIONAL ACTIVITIES: A total of 1,083 women and girls benefited from recreational courses on tailoring, make-up, hair dressing, and Kurdish language. These courses are being offered as an entry point for awareness-raising, helping various women and girls to be self-reliant and to acquire skills that would enable them to enter the job market. During the reporting period, 516 women and girls participated in courses in the Basirma camp, 453 in the Kawergosk camp, and 245 in the Qushtapa camp.

GENDER-BASED VIOLENCE TRAINING SESSIONS: A total of 143 women and girls attended awareness-raising sessions on gender-based violence related issues during the period under review.

OUTREACH GENDER-BASED VIOLENCE VOLUNTEERS/ACTIVITIES: A total of 2,574 women and girls were reached with messages on gender-based violence and reproductive health related issues through 510 outreach sessions conducted in the camps and in host communities.

TURKEY

GENDER-BASED VIOLENCE SERVICES: UNFPA, through its partners namely, SSG in Mersin, IMPR Centre, and Harran University, provided gender-based violence services (counseling, listening, psychosocial support, case management) to 320 Syrian women.

GENDER-BASED VIOLENCE AWARENESS SESSIONS: UNFPA, through its implementing partners, organized five awareness sessions on discrimination between children inside families and its consequences.

GENDER-BASED VIOLENCE OUTREACH/VOLUNTEER ACTIVITIES: UNFPA in partnership with the International Middle East Peace Research center (IMPR) organized an awareness session on child marriage targeting 32 women in Urfa.

RECREATIONAL ACTIVITIES: UNFPA in partnership with IMPR organized five recreational sessions on psychosocial and life skills (handcrafts), embroidery with beads, hairdressing, and English and Turkish language courses targeting 288 Syrian women in Urfa.

GENDER-BASED VIOLENCE MATERIALS DEVELOPED: UNFPA handed out 2,500 Arabic brochures on family protection in Turkey to International Blue Crescent for distribution.

EGYPT:

GENDER-BASED VIOLENCE AWARENESS SESSIONS: UNFPA carried out an awareness session on gender-based violence and early marriage for 35 girls and their mothers at the UNFPA-supported girls safe space in Cairo.

WOMEN AND GIRLS SAFE SPACES (ALSO CALLED SAFE SPACES, COUNSELING CENTRES, LISTENING CENTRES, ETC.): UNFPA continued to support two safe spaces in 6th October City and Damietta. These spaces provide several services for women and girls, including psychosocial support, training, recreational activities, awareness campaigns, and sport activities.

UNFPA CROSS-BORDER OPERATIONS APRIL - MAY 2015

SITUATION

Security continued to be one of the major challenges that UNFPA faced in implementation of its cross-border operations programme. One of the supported facilities was hit by rocket-fire during the reporting period; instability continued to delay the pace of implementation. Different groups remained in control of areas where clinics are located, and the situation remained unpredictable. Two of UNFPA's supported facilities operated smoothly, while contingency planning was activated in others as partners decided to move resources to other clinics.

ACTIVITIES:

UNFPA organized an introductory training session on UNFPA system and procedure in Ankara. The session was arranged for new implementing partners who will work with UNFPA to facilitate the cross-border operation programme.

During April, a total of 7,018 women and girls of reproductive age benefited from the cross-border interventions in northern Syria. Of the total, 384 women received pre-natal and post-natal care, 500 women had safe deliveries with the support of UNFPA, and 283 opted for Caesarean-sections.

Two new grantees were selected to support women and girls safe spaces. Two new spaces will be established in Latakia and Idlib, and one in Aleppo will be strengthened.

COORDINATION

UNFPA chaired the Gender-Based Violence Sub-Cluster (cross-border) meetings and discussed the development of the guidance note on dignity kits, which will focus on a participatory approach for procurement and distribution of kits to beneficiaries. Furthermore, in collaboration with the WASH cluster, the sub-cluster group developed a tracking sheet which will ensure a more coordinated system to plan and follow up on the distribution of dignity kits.

The GBV Sub-Cluster hosted the first mission of a gender-based violence evaluation. The mission started on May 27 and ends on June 4. The evaluation focused on gender-based violence integration into health and WASH in cross-border operations. The GBV sub-cluster, in collaboration with the health and WASH clusters, identified and set up the necessary meetings.

UNFPA participated in the health cluster meeting, which featured a discussion on capacity-building needs assessment (CBNA) for health actors and the possibility of introducing of a reproductive health sub-group.

UNFPA also took part in a health CBNA meeting where templates of training calendar, needs for topic-based training, availability of trainees, trainers and other resources were agreed upon. Topics on reproductive health, including gender-based violence, were also discussed and prioritized.

CHALLENGES

Shortage of funds is threatening the sustainability of the cross-border programme.

SUPPORTING ADOLESCENTS AND YOUTH



The five-day journey from Damascus to Domiz camp in the Kurdistan Region of Iraq was not an easy one for 23 year-old Ahmad. Originally from Qamishli, Ahmad had to stay in Damascus for a few months before joining his parents and siblings, who traveled with the first influx of Kurd families seeking refuge in northern Iraq in the mid-2013. "I spent four months in the camp with nothing to do. Then I was introduced to the UNFPA-supported youth centre by some young refugees in the camp. By participating in courses offered by this centre, I began to feel empowered and strong," Ahmed stated.

Today, Ahmed is recognized as a talented and competent member of the centre. "I used to be a shy person but colleagues at the centre realized I was qualified in sports. I told them I had studied sports in college," Ahmed maintained. "I want to draw youth towards this center so that we can help them rebuild themselves amidst their daily struggles as refugees in the camp," he added in conclusion.

Credit: Shayda Hessami | UNFPA, 2015.

SYRIAN ARAB REPUBLIC

In cooperation with SFPA, a total of 19 young volunteers completed peer-education training of trainers on gender-based violence.

JORDAN

IFH teams at the camps organized recreational activities for 485 girls and 169 boys under 18 years of age, as well as for 136 women and 44 men aged between 18-24 years. These activities included open sessions and handcrafts to relieve stress and increase community cohesion. Syrian volunteers were helpful in mobilizing the Syrian community and identifying their needs and likes. In addition, 40 girls and 50 boys under 18 years, as well as 7 women and 10 men aged between 18-24 years, attended recreational classes in camps during the reporting period.

In the host community, IFH organized recreational activities for 58 people under 18 years of age, and 85 people aged between 18-24 years. It also convened recreational classes for 36 girls and 2 boys under 18 years of age, and for 29 women and 2 men aged between 18-24 years. Furthermore, nine sessions targeting 71 female and 47

male youth were organized, with a focus on issues relevant to youth and their interests in reproductive health and gender-based violence.

IRAQ

Photography training sessions targeting 14 girls and boys were organized in the Kawergosk and Darashakran camps. These sessions serve as an entry point for awareness-raising and are meant to unleash the potential of young refugees in camps.

UNFPA organized a computer course for 28 girls and boys in the Kawergosk and Darashakran camps. The course helped young people to learn basic computer skills that they need to find a job. At the same time, the session offered tips on conflict-solving and negotiation skills.

UNFPA organized weekly peer education sessions in the Darashakran and Kawergosk camps for girls and boys to raise awareness on routine issues pertaining to the lives of young people living in camps. These included sexual and reproductive health, violence against women, early and forced marriages, HIV and AIDS, hygiene, and other capacity-building activities.

In Domiz camp in Dohuk, 16 youth attended a three-day basic peer education training while another 80 attended four training courses on music, soccer, and computer skills. A Girls' Walk was also conducted in the camp.

Around 1,200 youth attended awareness sessions as part of outreach activities arranged in 500 tents in Domiz camp.



The Sardem Youth Centre team celebrating their victory at the football championship tournament for young Syrian refugees in Domiz camp, Iraq.

UNFPA organized a football championship for Syrian refugees in Domiz camp in Iraq. A total of 24 squads of female and male Syrians under 20 years of age took part in the tournament, which began on May 15 and culminated on May 29 with a final game, which was followed by an official award ceremony for the winning Sardem Youth Centre team.

The goal was to engage youth, to disseminate awareness messages to them on various issues concerning young refugees, and to give them an opportunity to deal with their past war experiences. The ultimate objective was to bring a smile on their faces!

Credit: Saleem Akray | UNFPA, 2015

COORDINATION & CAPACITY BUILDING

SYRIAN ARAB REPUBLIC

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

With the participation of more than 50 professionals from all implementing partners, UNFPA organized a consultative meeting to identify programme priorities for the year 2016-2017, which will better inform the country programme document focusing on sustainable humanitarian response.

LEBANON

The sexual and gender-based violence task force meeting chaired by UNHCR and co-chaired by UNFPA and UNICEF met during May and discussed different ways of assessing the needs of field workers and managers in the framework of the capacity-building needs assessment, targeting case management providers. Chaired by the Ministry of Social Affairs (MOSA), ABAAD Resource Centre for Gender Equality (ABAAD) and the International Medical Corps

(IMC), the first meeting of the National Technical Task Force (NTTF) was conducted during the reporting period. Members agreed on the importance of organizing regular meetings focusing on prevention of and response to gender-based violence. They participated in a half-day internal workshop on how to involve men and boys in prevention of gender-based violence. Best practices were also discussed and documented.

UNFPA attended the monthly gender-based violence information management System (GBVIMS) meeting focusing on analysis of gender-based violence incidents in Lebanon for the first quarter of 2015.

UNFPA participated in a preparatory workshop to set up an accountability framework for Lebanon, aimed at strengthening top-down accountability, particularly towards the refugee population. The framework is expected to be finalized and shared during the final quarter of 2015 to guide implementation modalities for the year 2016.

UNFPA is officially a member of the National Health Coordination and Steering Committee led by the Ministry of Public Health and consisting of all health actors within the humanitarian response. This committee is responsible for coordinating programming, funding, mobilization, etc., within the health sector as guided by the Government.

UNFPA-SUPPORTED FACILITIES



Number of women's spaces

SYRIAN ARAB REPUBLIC

3

JORDAN

12

(10 in camps)

LEBANON

5

IRAQ

9

(3 in host communities)

EGYPT

2

TURKEY

1



Number of reproductive health clinics or mobile teams

SYRIAN ARAB REPUBLIC

68

JORDAN

17

(7 static and 10 in camps)

IRAQ

8 in camp

(40 in non camp)

TURKEY

4



Number of youth centres

JORDAN

3

LEBANON

5

IRAQ

1



Number of health facilities

SYRIAN ARAB REPUBLIC

200

3 hospitals

JORDAN

All Ministry of Health Facilities

/all NGOs providing RH

services

IRAQ

5

EGYPT

5

TURKEY

4

JORDAN

UNFPA chaired the monthly meeting of the reproductive health sub-working group. The results of the pilot study of miscarriage in the Zaatari camp were shared. The meeting also featured a briefing on Minimum Initial Service Package (MISP) training, with members discussing the role of community health volunteers in home visits in the Azraq camp for provision of health education and awareness-raising on reproductive health and gender-based violence.

UNFPA participated in the youth task force in Zaatari camp, where members developed advocacy messages and shared them with the protection, education and inter-sector working groups for dissemination. UNFPA, through the youth task force, secured 24 bikes for its implementing partner; these bikes will be used by outreach volunteers of the gender-based violence programme.

The first meeting of the merged GBV and child protection sub-working group was held at Zaatari camp. IFH and IMC, both UNFPA implementing partners at the Zaatari and Azraq camps respectively, were nominated to co-chair the camp level sub-working group.

The first Steering Committee meeting for the United Nations joint project 'Hemayati' (Phase II: 2014-2016), generously funded by the Government of Norway, was established at the UNFPA premises. The Steering Committee comprises senior management of the participating United Nations agencies (UNFPA, UN Women and UNICEF).

IRAQ

UNFPA chaired the gender-based violence sub-cluster in Iraq and co-chaired gender-based violence sub-working groups at Erbil, Dohuk, and Sulaymaniyah governorates. UNFPA led the articulation of gender-based violence priorities and strategies in the humanitarian needs overview (HNO) and the humanitarian response plan, which is due to be launched on 4 June in Brussels.

UNFPA, as the gender-based violence lead in Dohuk, facilitated a training session for gender-based violence service providers in Dohuk in collaboration with the directorate of health in Dohuk. The purpose of the training was to improve the quality of psychosocial support services and referral mechanism for sexual and gender-based violence survivors. During the training, social workers, psychologists and psychiatrists were able to identify their respective levels of intervention and agreed on strengthening the referral network to ensure improved psychosocial support for survivors, especially for sexual violence survivors in Dohuk. Some of the identified gaps were lack of proper coordination, weak referral system for psychosocial and mental health services, lack of feedback, long distances for survivors, limited technical capacity of service providers, financial constraints of survivors, as well as lack of shared information.

UNFPA facilitated a meeting of members of the gender-based violence sub-cluster group with Baroness Hodgson, Chairman of the Advisory Board of Gender Action in Peace and Security, which works on international women's issues. The group highlighted the current situation, gaps, and effort in place, and briefed Ms. Hodgson on the gender-based violence response and control programme supported by the United Kingdom's Department for International Development to enhance gender-based violence programming in Iraq.

UNFPA participated in the Regional Conference for Women Activists on the United Nations Security Council Resolution 1325. The purpose of the conference was to support efforts towards implementation of the National Action Plan on the Security Council Resolution 1325, and the Declaration of Commitment to End Sexual Violence in Conflict, endorsed by Iraq in 2013.

TURKEY

UNFPA attended biweekly meetings of the United Nations Syria Crisis Task Force in Ankara, and field sector coordination meetings in Gaziantep.

UNFPA participated in the gender-based violence working group's monthly meetings held at the Ministry of Family and Social Policies, General Directorate of Woman's Status to discuss agency collaboration activities on gender-based violence humanitarian response. During the reporting period, the gender-based violence services working group was established under the protection/community services working group.

EGYPT

UNFPA participated in a meeting of the health working group, where participants shared updates on partner activities and discussed the launching of service mapping for healthcare facilities. They also discussed coordination efforts regarding monitoring and evaluation, and continuation of support to the psychosocial working group.

UNFPA participated in the health sector coordination meeting on monitoring and evaluation. The meeting featured a discussion on coordinating efforts for monitoring and evaluation of the impact of safe spaces and community outreach interventions.



Shooting of a UNFPA video production with a woman beneficiary of the UNFPA-supported women's safe space in Al-Marj, Bekaa, Lebanon.
Credit: UNFPA, 2015

CHALLENGES

SYRIAN ARAB REPUBLIC

Timely delivery of humanitarian assistance, especially in the light of Security Council Resolutions 2139 and 2165, has become a challenge due to ongoing security conditions and coordination issues with neighbouring countries. As such, UNFPA implementing partners in the opposition-controlled areas continued to face challenges in the delivery of timely reproductive health services to women in need.

Moreover, limited financial resources allocated to public sector facilities negatively impacted the effectiveness of humanitarian aid for affected people.

LEBANON

A bridging period between the completion of previous projects and initiation of new ones with funding becoming available delayed the implementation of most of the programmes.

Some partners expressed concern about multiple reporting tools being requested by various donors.

IRAQ

Lack of effective and established mechanisms for data collection from the Arbat refugee camp in Sulaymaniyah emerged as a key challenge. Moreover, the ongoing crisis in the country affected the refugee humanitarian operation, including funding opportunities, and overstretched the existing social services. There is also lack of trained and qualified human resources (among implementing partners) able to deal with the overwhelming humanitarian crisis and respond to immediate needs. Challenges in terms of access to women and girls in areas controlled by ISIS also persisted. There was limited access to gender-based violence services in non-camp settings due to lack of knowledge about existing services and the limited freedom of movement placed on some Syrian women by family members as a protective measure.

TURKEY

The preparation of national political parties for the general national election to be held on 7 June, 2015, has placed constraints on the national level decision-making process.

There are continuing weakness in the data collection and management information systems. AFAD figures on deliveries are lower than humanitarian standard estimates would indicate, thus raising questions about the number of unattended deliveries in camps and host community.

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

Finding a specialized or trained partners in the areas of gender-

based violence and reproductive health is still a challenge, especially when it comes to cross-border operations. Another challenge is to find health and social workers able to work at primary health care clinics in the camps or out-of-camp hospitals.

The language barrier always stands as a major issue in all areas when accessing services, receiving training, finding jobs and communicating with the host community.

Accessibility and outreach to the Syrian population is sometimes hindered by political conflict and/or security concerns.

Lack of funds hampers the sustainability of programmes.

EGYPT

Refugees are scattered over large urban areas in Egypt, making it challenging for most aid agencies to extend support to them. Moreover, since the population is still on the move, the allocation and provision of services continue to be difficult.

Birth registration of Syrian newborns in the absence of the father or a marriage certificate remains an issue that requires advocacy, although several legal and human rights organizations are currently providing aid for registration of these cases.

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

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

FUNDING

UNFPA received \$1.647 million from the Government of Canada for the implementation of the "Syrian Strategic Response Plan" inside Syria (50 percent) and the implementation of the "Regional Refugee and Resilience Plan" in Jordan and Lebanon (25percent per country).

The Government of Denmark granted \$1.421 million to UNFPA's operations in Iraq, Lebanon and Syria, related to the appeals "Syria Strategic Response Plan" and the "Regional Refugee and Resilience Plan", to ensure continuous gender-based violence and reproductive health services in response to the Syria crisis.

UNFPA Jordan received \$1.881 million from the European Commission for supporting comprehensive reproductive health and sexual and gender-based violence interventions for populations affected by the Syrian crisis.



New settlements with improved living conditions in Bar Elias, Bekaa, Lebanon. UNFPA is working with other United Nations agencies to assure that protection measures for women area implemented.

Credit: UNFPA, 2015

ECHO FROM THE FIELD



"The composite event was an impressive display of the determination of Syrian women to express their multi-faceted capabilities through arts, crafts and music," Hiba, a 29 year-old professional graphic designer noted after the orchestral event conducted at the Opera House in Damascus with the support of UNFPA under the theme of "Women as Determined as a Homeland".

Credit: UNFPA | Amr Lakmouh, 2015

DONORS & PARTNERS

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

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

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).

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).

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

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 (MOH), Resala and FARD Foundation.

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), Turkish Red Crescent Society (TRCS), universities including Harran in Sanliurfa and Hacettepe University in Ankara, NGOs including the International Middle East Peace Research Center (IMPR), Syrian Social Gathering.



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RELEVANT RESOURCES

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