

WOMEN AND GIRLS IN THE SYRIA CRISIS: UNFPA RESPONSE

FACTS AND FIGURES

The United Nations Population Fund



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 its partners are scaling up efforts to empower women and youth from Syria as well as affected communities in host countries, with the aim of improving their lives , including by advocating for the respect of human rights and gender equality.

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



PEOPLE AFFECTED BY THE CRISIS

WOMEN AND GIRLS OF REPRODUCTIVE AGE (15-49)

> 360,000 PREGNANT WOMEN

4.8 MILLION REGISTERED REFUGEES

•••1.2 MILLION REFUGEE WOMEN AND GIRLS OF REPRODUCTIVE AGE (15-49)

REFUGEE PREGNANT WOMEN

SOURCES: Turkey's Disaster and Emergency Management Authority (AFAD), UNHCR, OCHA, and UNFPA - March 2016



Participating in social activities creates protective mechanisms for women and girls – allowing them to rebuild social connections and networks that have been severed because of conflict. "I really enjoy working on my crocheting. I feel a sense of confidence that I'm doing something and being productive. It gives me a rare space and opportunity to talk to friends and share my thoughts," A Syrian woman in Lebanon at a UNFPA-sponsored women's centre.

INTRODUCTION

For the United Nations, Syria is the biggest humanitarian crisis today, with repercussions on the whole region, and more specifically on its neighbouring countries. As the crisis enters its fifth year, women, men, girls and boys in and from Syria face death, violence and displacement, and humanitarian organizations struggle to respond to the immense challenge of assisting and protecting peoples' lives and dignity.

Among the affected population in Syria and within the refugee community in the region, four million women and girls of reproductive age need special attention. This includes nearly half a million pregnant women in Syria alone in addition to the estimated 80,500 currently pregnant refugee women from Syria.

Conflicts often put women at increased risk of violence and vulnerability. Social, cultural and economic disempowerment, in addition to poverty, create contexts in which women are more susceptible to abuse and sexual exploitation. Syrian women and youth have shown great resilience in the face of loss and destitution, and humanitarian organizations have regularly adapted their response to the evolving nature of the crisis and needs.

In all settings, including in emergencies, women and girls have the right to access affordable reproductive healthcare including ante- and postnatal care, safe deliveries and family planning. Women and girls must be protected from all forms of gender-based violence, and must receive professional support to survive its physical and psychological effects. Young people need to be engaged to participate fully and contribute towards their society. UNFPA and partners are scaling up efforts to empower and improve the lives of women and youth affected by the crisis in Syria and in host countries, including by advocating for human rights and gender equality, which will allow them to better cope with and recover from the crisis.

UNFPA works closely with affected populations, community-based organizations, local and international NGOs, governments and United Nations agencies in Syria and countries where refugees from Syria have arrived, namely Lebanon, Jordan, Iraq, Turkey and Egypt. Along with its partners, UNFPA supports maternal health services, including emergency obstetric care. The Fund engages in programmes that seek to mitigate and prevent the occurrence of gender-based violence, and helps survivors of this violence overcome their trauma including through psychosocial support.

The creation of "safe spaces" has greatly contributed to the protection and empowerment of women and girls affected by the Syria crisis. UNFPA distributes specialized reproductive health kits and UNFPA's flagship dignity kits (containing various sanitary items), and deploys medical and specialized personnel to assist affected communities. It also uses trained personnel to support and encourage the participation of affected youth in society through the facilitation of recreational and educational programs, rehabilitation and psychosocial interventions, and life skills education.

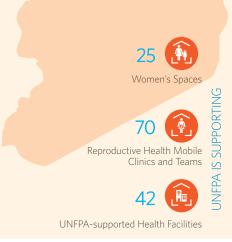
Even in the midst of destruction, UNFPA is working on achieving its mandate to deliver a world where every pregnancy is wanted, every childbirth is safe, and every young person's potential is fulfilled.



"I would not have been able to afford to go to a doctor; I'm glad reproductive health care is available here and free." A Syrian refugee at a UNFPA-sponsored clinic in Zaatari camp, Jordan.

The humanitarian crisis in and around Syria is the largest in the world today. It has affected all 14 governorates, placing 13.5 million people in need of humanitarian aid. As a result, 6.5 million people are internally displaced and over 4.8 million Syrians have fled to neighboring countries. The poor economic conditions of families and security restraints on humanitarian actors have limited access to reproductive health and gender-based violence related services despite an increasing demand for them.

PEOPLE AFFECTED BY T	HE CRISIS
13.5	MILLION
WOMEN AND GIRLS OF REPRODUC	TIVE AGE
4.1	MILLION
PREGNANT	WOMEN 360,000
2.5	YOUTH MILLION



HIGHLIGHTS OF UNFPA RESPONSE IN SYRIA (THROUGH ALL CHANNELS) 2015

gender-based violence services in the government-controled areas

Expanding the range and variety of crossborder operations into Syria from Turkey and Jordan, by providing more than 50,000 reproductive health services to Syrian women in non-government controled areas

Supporting an average of 6,400 deliveries every month inside Syria, including 2,600 Caesarean-sections and 2,000 deliveries . through cross-border operations

Providing 500 reproductive health vouchers a month to women to cover all their reproductive health needs, including normal deliveries and Caesarean-sections free of charge

Providing 1.1 million reproductive health and Reaching out to 123,320 people to raise ment of rape protocol for health workers reawareness on reproductive health and gender-based violence

> programmes, including gender-based violence mitigation and prevention, as well as offering individual and group counseling services for a total of 33,148 cases in government-controled areas

Providing reproductive health and genderbased violence related services in non-government controled areas, through 8 women's safe spaces and 25 health facilities and sanitary napkins to internally displaced mobile clinics

Developing and adopting a clinical manage- with basic hygiene and sanitary items

sponding to gender-based violence in northern governorates

Reaching 74,702 individuals through gen- Developing and adopting a guidelines for der-based violence prevention and response managing complications of pregnancy and childbirth, focusing on the evidence-based effective ante-natal interventions, in line with WHO updates.

> Training of 670 reproductive health professionals on family planning and the Minimum Initial Service Package (MISP)

> Delivering 49,806 hygiene kits and 88,265 women and distributing 17,034 hygiene kits to internally displaced men, providing them

CHALLENGES

· Limited access to services in many areas due to security situation, restrictions on movement, lack of transportation and border crossing constraints

· Limited number of implementing partners working inside Syria, affecting the ability of UNFPA to expand humanitarian response programmes

· Bureaucratic obstacles in facilitating timely transportation of assistance across the country

 Difficulty of organizing services in nongovernment-controlled areas due to the fragmentation of health structures and social networks

UNFPA PRIORITIES, 2016

Continue the delivery of life-saving reproductive health services through UNFPAsupported mobile clinics, static clinics and medical points

Expand the number of facilities providing reproductive health and gender-based violence services according to the needs on the ground and availability of funds

Support reproductive health partners, such as NGOs and the Ministry of Health, through the procurement of essential medicines, equipment and supplies, including UNFPA reproductive health kits

Continue supporting seven women's safe spaces and adding three new ones

Provide free-of-cost reproductive health vouchers to vulnerable women to be used to obtain medical services at designated health centres and hospitals

Procure and distribute at least 300,000 dignity kits to people in need

Train staff of implementing partners on reproductive health, protection, gender-based violence response and other related areas

Hire new staff to allow the expansion of UNFPA operations in humanitarian hubs (Syria, Turkey and Jordan), especially to support cross-line and cross-border operations

Enhance UNFPA staff safety and security to better enable them to work in a high-risk environment

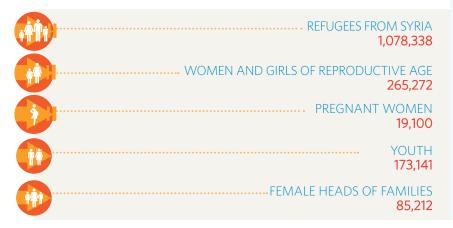
Women's Space

Youth Centres

INFPA IS SI

SITUATION OVERVIEW

A country with a pre-crisis population of around 4.46 million, Lebanon has received over 1 million registered refugees from Syria between 2011 and 2015. Lebanon is now the highest per capita host of refugees in the world, even though the number of Syrian refugees is declining as they transit through Lebanon to Turkey and Europe. This number is projected to keep declining as UNHCR expects three times as many Syrians to exit Lebanon in 2015 compared to 2014. However, the overall influx of refugees has put a strain on the country's health system, leaving many without access to necessary services.



HIGHLIGHTS OF UNFPA RESPONSE IN LEBANON (2015)

Enhancing the guality of reproductive health services In order to strengthen local health delivery systems

Supporting the revision and updating of the Reproductive Health Service Delivery Guidelines of the Ministry of Public Health

Reaching out to 35,000 people to raise awareness on reproductive health and gender-based violence

Supporting a series of trainings for 782 reproductive health professionals related to reproductive health service delivery guidelines and protocols, including pre- and post-natal care, clinical management of rape, the Minimum Initial Services Package (MISP), emergency obstetric care, and ethical issues

Providing counseling and specialized psychological support to 1,732 survivors of genderbased violence and organizing groups and from domestic violence for 80 officers of the various training sessions to support over 350 Internal Security Forces (ISF) vulnerable women and girls at risk

ing 58 women, which was followed by an in- aimed toward gender-based violence preventernship in a beauty parlour

Distributing 10,747 dignity kits (containing Leading national coordination efforts for the various hygiene items) to women and girls gender-based violence information managethrough UNFPA's partners

Empowering women from host and refugee communities through socio-economic activities aiming at breaking the cycle of violence by piloting socio-economic initiatives involving a total of 160 at-risk women in Mount Lebanon and North Lebanon

Conducting a session on Law 293 for protection of women and other family members

Engaging more than 1,400 community mem-Organizing a 3-month life skills training in bers in the areas around refugee camps and make-up, hairdressing, and manicure, target- refugee host communities in specific projects tion

ment system (GBV IMS)

CHALLENGES

 The volatile security and political situation limits staff movement and ability to carry out planned activities in affected locations.

· The limited number of specialized staff, especially in the field of reproductive health, affects capacity to address refugee needs.

• The difficulty in making training schedules for physicians with overloaded schedules and the non-availability of qualified trainers limits availability of services

· Shortage in funding for sustaining longterm programme interventions, requiring reprioritization of projects.

· The scattering of refugees from Syria across some 1,800 locations makes it difficult to concretely measure impact of interventions.

UNFPA PRIORITIES, 2016

Refugees

Provide reproductive health services through mobile medical units

Develop and implement advocacy campaigns to raise awareness on reproductive health and gender-based violence, and support to local organizations and networks that provide relevant services

Support the humanitarian coordination structures across the country

Resilience

Implement peace-building initiatives for youth through developing the capacities of young people, both girls and boys, in life skills, mainly related to conflict management, outreach (edutainment) and coping with stress

Build capacity of municipal/local governance institutions to foster social cohesion and/or deliver basic services through training workshops for municipality members especially to promote life-skills development among young people (both Syrian and Lebanese) and to provide youth-friendly services

Develop and support coaching plans on gender-based violence for local actors and institutions

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Increased violence and insecurity in southern Syria pushed thousands of residents to seek refuge in urban and rural areas in Jordan. Twenty per cent of them now live in refugee camps while 80 per cent have scattered within host communities. Over 70 per cent of the total refugee population (from Syria) are women and children. UNFPA has continuously assessed new risks emerging from the evolving situation and has regularly updated its plans and response accordingly.

REFUGEES 638,630	
WOMEN AND GIRLS OF REPRODUCTIVE AGE 155,480	
PREGNANT WOMEN 16,000	
YOUTH 122,549	
FEMALE HEADS OF FAMILIES 65,126	



HIGHLIGHTS OF UNFPA RESPONSE IN JORDAN (2015)

Providing reproductive health services in both refugee camps and host communities to more than 150,000 women and girls of reproductive age: 19,564 for family planning consultations, 59,292 antenatal care services (14,823 for ANC1), 7,195 postnatal care services and 3,750 safe deliveries

Providing 16,118 persons females under 18 years old with reproductive health services

Holding consultations for 16,646 persons on sexually transmitted infection management

Training of 746 health care service providers

Providing emergency reproductive health kits and contraceptives to all reproductive health service providers

Providing an average of 11,600 reproductive health services and more than 150 safe deliveries to women in supported health facilities

Assisting the delivery of 5,000 babies since July 2013 in the maternity clinic in Zaatari camp, without a single maternal death

Reaching around 3,400 beneficiaries with reproductive health-related messages every month

Increasing priority of national development policies and programmes to address the needs of adolescents among displaced populations, especially those of adolescent girls

Engaging an average of 2,700 youth every month in UNFPA-supported reproductive health awareness sessions as well as selfreliance and life skills activities

CHALLENGES

 Tensions between host communities and refugees

•Changing national policies on refugees affecting their ability to access services, particularly in urban settings

•Difficulty of reaching refugees in urban areas

·Lack of evidence-based information and weak research on the situation of refugees

•Difficulty in detecting and addressing cases of gender-based violence due to social and cultural restrictions and fear of stigmatization among survivors

•Limited ability of a burdened health sector with inadequate resources to cope with the presence of refugees from Syria

•High turnover among service providers and difficulty in deploying qualified health workers in the camps and remote areas

UNFPA PRIORITIES, 2016

Refugees

Continue to provide reproductive health services to refugees from Syria inside and outside camps

Ensure access of refugees to emergency obstetric care

Provide integrated management of maternal and child health and nutrition in UNFPAsupported clinics

Ensure availability of critical medication and equipment in reproductive health service facilities

Improve access of refugees to services in a safe and confidential environment, including for women, girl, men and boy survivors gender and diversity (AGD) principles of gender-based violence

Resilience

Improve access of refugees to quality reproductive health services at the primary health care centers

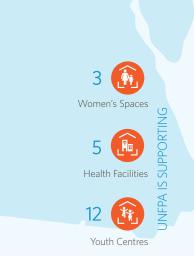
Assist the Ministry of Health to improve their capacity to provide comprehensive reproductive health services, including quality emergency obstetric care in host communities

Improve availability of safe and confidential services related to gender-based violence through Ministry of Health clinics

Improve the quality of response to genderbased violence in accordance with a survivor-centred approach and the standard age,

As a result of the crisis, large numbers of Syrians who have arrived in Egypt face a high cost of living, inflation, few employment opportunities, expensive health services, occurrences of sexual and gender-based violence, negative stereotypes, and a deteriorating security. Trafficking of refugees from and to Egypt poses a serious protection challenge as well.

REFUGEES FROM SYRIA 128,019
WOMEN AND GIRLS OF REPRODUCTIVE AGE 30,707
PREGNANT WOMEN 2,265
YOUTH 22,744
FEMALE HEADS OF FAMILIES 11,849



HIGHLIGHTS OF UNFPA RESPONSE IN EGYPT (2015)

and gender-based violence in public hospitals

Developing in close cooperation with the Ministry of Health a gender-based violence medical protocol and guidelines regarding the management of gender-based violence survivors

Mapping of primary health care facilities serving the displaced Syrian population in collaboration other partners

Reaching 1,718 Syrian refugees with reproductive health awareness sessions on topics including available primary health care ser-

Strengthening the medical response to sexual vices, sexual and reproductive health, first aid, Strengthening cohesion between refugee and life skills training

> Training of 75 physicians from the public facilities on emergency obstetric and newborn care.

> Organizing a marathon highlighting violence against women with the participation of 300 Syrian and Egyptian youth

> Supporting the establishment of three new safe spaces in Alexandria, Cairo, and Giza governorates, providing psychosocial support, training, recreational activities, awareness campaigns and sport activities

populations and host communities by including Egyptians in outreach activities among Syrian refugee populations

Providing training on sexual and reproductive health activities that brought together Egyptian and Syrian youth of both genders through coordination with the Y-PEER network

Developing and distributing over 6,800 flyers on child marriage, gender-based violence, and harassment

CHALLENGES

 Living conditions for refugees from Syria are often inadequate. With many families sharing crowded guarters, the lack of privacy contributes to tension and increased domestic violence

 Quality and availability of public services such as health care and primary educa-

• Difficulty in effectively reaching Syrian refugees because they are scattered across urban locations

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

UNFPA PRIORITIES, 2016

Refugees

Ensure comprehensive access to primary health care services for refugee mothers and children from Syria

Enhance access to effective emergency obstetric and neonatal intensive care

Increase access to protection services, including psycho-social support services, to the most vulnerable refugees through community-based structures such as safe Enhance national policies and mechanisms spaces for women and girls

Resilience

Support the Ministry of Health and community services organizations in order to better reach Syrian refugee communities and provide service

Strengthen the capacity of government and non-governmental actors and services in all sectors to effectively respond to genderbased violence

that address the prevention of and response to gender-based violence to bring them in line with international frameworks and standards

Actively raise awareness about national laws and existing services and outlets available to survivors of gender-based violence

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Iraq's security situation is deteriorating with two simultaneous crises. In addition to the influx of Syrian refugees, hundreds of thousands of people are internally displaced, putting an immense burden on the Regional Government of Kurdistan and threatening the ability of humanitarian agencies to adequately respond to basic needs of internally displaced people and refugees in the Kurdistan area of Iraq.

REFUGEES FROM SYRIA 245,585
WOMEN AND GIRLS OF REPRODUCTIVE AGE 57,157
PREGNANT WOMEN 4,359
YOUTH 55,230
FEMALE HEADS OF FAMILIES 10,990

a in host c Women's Spaces 20 SUPP Reproductive Health Clinics or Mobile Teams INFPA Youth Centres

HIGHLIGHTS OF UNFPA RESPONSE IN IRAQ (2015)

the establishment of gender-based ductive health services per month to PA-supported centres violence information management women and girls and supporting the system in Iraq, ensuring safe and delivery of 3,448 babies and 935 Caeethical data collection and evidence- sareans-sections through nine clinics based programming and advocacy

refugees.

CHALLENGES

- The ongoing conflict in the country that resulted in internal displacement is affecting the overall delivery of services and negatively impacting funding opportunities for refugees
- Continued insecurity affecting the ability of UNFPA's partners to fully operate in Iraq

• Regular movement of refugees, affecting UNFPA's ability to reach them and provide adequate services

· Overcrowded public and private hospitals, especially as Ministry of health protocols only allow deliveries in hospitals

- Lack of registration systems at the health facilities
- Difficulties in deploying specialized medical and gender-based violence experts
- Difficult living conditions of internally displaced persons in Dohuk governorate, including lack of privacy and protection mechanisms

Leading other humanitarian actors in Providing an average of 7,500 repro- than 22,065 women accessing UNF-

Providing prevention and response re-Continuing to provide reproductive lated gender-based violence services health services for more than 94,000 in different women's centres in camp and non-camp locations with more

UNFPA PRIORITIES, 2016

- Increase availability of basic and comprehensive emergency obstetric care services in 85 health facilities in the Kurdistan region
- Ensure availability of maternal and other reproductive health services at 200 primary health care facilities in the Kurdistan region
- · Increase awareness and demand for reproductive health services through information, communication and educational campaigns among the affected population

· Increase access of women and girls affected by the humanitarian crisis to psychosocial support

• Establish community-based services to provide psychosocial counseling for survivors of gender-based violence in camps as well as in affected and host communities

· Strengthen mechanisms to protect women and girls from violence, exploitation, discrimination and other forms of human rights violations

Building the capacity of 67 health providers

Distributing over 50,000 dignity kits

Reaching 11,489 women and girls with information on gender-based violence, reproductive health, youthrelated issues and available services

INTERNALLY DISPLACED PERSONS IN IRAO

As of June 2015, Iraq hosts 3,962,142 internally displaced persons (IDPs), which has created an intensified emergency in combination with the influx of Syrian refugees. IDPs are a priority for UNFPA's services as many of them are particularly vulnerable to the instability and violence in Iraq's deteriorating security situation. The current IDP crisis impacts access to services and availability of resources for all population groups including refugees. Preliminary data show that out of the total number of displaced persons, around 900,000 are women of reproductive age (15-49 years), and around 350,000 are adolescent girls (aged 13-18 years). In addition, due to the nature of the armed conflict in Iraq, an estimated 10-15 per cent of the displaced families are female-headed households

Turkey now hosts the world's largest community of Syrians displaced by the ongoing conflict in their country. According to United Nations estimates, refugee population was more than 2.7 million as of March 2016, and the large unregistered refugee population is even larger. Most refugees continue to live in uncertainty and often in very difficult economic and social conditions. These challenges are compounded by the strains that hosting a large number of refugees is putting on Turkey's society and economy.

REFUGEES FROM SYRIA 2,745,140
WOMEN AND GIRLS OF REPRODUCTIVE AGE 678,947
PREGNANT WOMEN 34,320
YOUTH 407,368



HIGHLIGHTS OF UNFPA RESPONSE IN TURKEY (2015)

with Turkey's Ministry of Health that allows UNFPA Turkey to identify the need for family planning supplies for Syrian refugees in and out of camps

Providing more than 16,968 Syrian refugees with reproductive health and family planning services.

Developing, publishing and distributing 5.2 million brochures in Arabic covering sexual and reproductive health, family planning,

lence issues since 2014.

Organizing reproductive health training courses for 583 professionals from UNFPA's Distributing 170,000 hygiene kits through partners on topics including the Minimum Initial Service Package (MISP) and emergency obstetric care training

to 4,798 female Syrian refugees in 2015.

Distributing 8,000 IUDs, 62,700 oral con-

Signing a memorandum of understanding hygiene, nutrition and gender-based vio- traceptive and 900,000 condoms in 23 camps and 16 provinces through Provincial Public Health Directorates.

> the women's centres, NGOs and some government authorities.

Establishing seven women's safe spaces for Providing gender-based violence services women and girls, which provide sexual and reproductive health services, family planning and gender-based violence mitigation services and hygiene kit distribution.

CHALLENGES

- Rising incidence of terrorist attacks as a result of escalating regional conflict with ISIS attacks and an insecure environment for programme implementation
- · Language barriers and lack of employment opportunities for Syrian refugees
- Increasing tension between refugees and host communities resulting in protests and violence
- Difficult living condition in urban areas creates serious concern for Syrian refugees in terms of finding proper shelters

UNFPA PRIORITIES, 2016

Refugees

- Ensure availability of reproductive health services, including essential obstetric care to all refugees from Syria
- vors of gender-based violence
- · Continue to provide dignity kits in and outside refugee camps
- Expand counseling for reproductive health and gender-based violence in and outside refugee camps
- Improve identification of, reporting on and mechanisms referral of survivors of gender-based violence to adequate services
- · Expand women-friendly spaces and counseling services in and out of camps
- · Carry out awareness-raising campaigns about gender-based violence

Resilience

- Strengthen the capacity of service providers in the field of reproductive health within the primary health care system
- Support the provision of services to survi- Work with concerned ministries on strengthening their own programs on prevention and protection against genderbased violence, in particular to help refugees from Syria
 - · Continuously improve the quality of services responding to gender-based violence through efficient monitoring and evaluation



"I can play, spend time and meet friends. No words can explain my feelings now, actually nothing more than finding oneself in some dark dismal alley. I am breathing a new life," A Syrian refugee youth in Iraq.

UNFPA FINANCIAL REQUIREMENTS FOR 2016

Summary of UNFPA Financial Requirements for SYRIA 2016 under Whole of Syria Humanitarian Response Plan (HRP)

PROGRAMME	REQUIREMENT	TOTAL \$	GRAND TOTAL \$	
REPRODUCTIVE HEALTH	Service delivery		22,592,000	
	Procurement			
	Reproductive health vouchers			
	Capacity building			
	Operational costs			
PROTECTION (GENDER-BASED VIOLENCE)	Prevention		13,289,000	
	Comprehensive response			
	Coordination			
	Operational costs			
WATER, SANITATION AND HYGIENE (WASH)	Information, education and communication materials and orientation sessions		15,000,000	
	Dignity kits			
	Sanitary napkins			
	Warehousing / logistics			
	Operational costs			
EARLY RECOVERY (YOUTH)	Health facilities		1,050,000	
	Operational costs			
ΤΟΤΑΙ			51,931,000	

Summary of UNFPA Financial Requirements for 2016 under the Regional Refugee and Resilience Plan (3RP)

	PROGRAMME	REQUIREMENT		TOTAL \$	GRAND TOTAL
		REFUGEES	RESILIENCE		\$
LEBANON	REPRODUCTIVE HEALTH	4,000,000		4,000,000	9,000,000
	PROTECTION (GENDER- BASED VIOLENCE)	4,000,000		4,000,000	
	SOCIAL COHESION (YOUTH)	1,000,000		1,000,000	
NAC	REPRODUCTIVE HEALTH	9,204,600	5,450,000	14,654,600	21,066,600
JORDAN	PROTECTION (GENDER- BASED VIOLENCE)	4,647,000	1,765,000	6,412,000	
01	REPRODUCTIVE HEALTH	1,810,000	190,000	2,000,000	5,260,000
IRAQ	PROTECTION (GENDER- BASED VIOLENCE)	2,690,000	570,000	3,260,000	
EGYPT	REPRODUCTIVE HEALTH	380,000	183,300	563,300	1,546,600
	PROTECTION (GENDER- BASED VIOLENCE)	455,000	528,300	983,300	
	REPRODUCTIVE HEALTH	3,286,400	1,290,000	4,576,400	17,198,900
TURKEY	PROTECTION (GENDER- BASED VIOLENCE)	4,300,500	882,000	5,182,500	
	BASIC NEEDS (DIGNITY KITS)	7,440,000		7,440,000	
REGIONAL	REGIONAL SUPPORT	800,000	300,000	1,100,000	1,100,000
TOTAL					55,172,100

Developed by: Ruba Hikmat, UNFPA Syria Regional Communication Specialist Photgraphers: David Brunetti and Shayda Hessami

DONORS AND PARTNERS

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

Private sector: MBC

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), NCFA (National Council for Family Affairs).

IN IRAQ: Ministry of Culture, Sport and Youth (MCSP), Ministry of Labor & Social Affrairs (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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