

UNFPA RESPONSE TO SYRIAN HUMANITARIAN CRISIS IN JORDAN

Year 2013



United Nations Population Fund / Jordan Office



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SITUATION OVERVIEW

Estimates calculated based on UNHCR data as of December 31, 2013



576,354 Registered refugees



25.9 % Women



25.8 % Girls



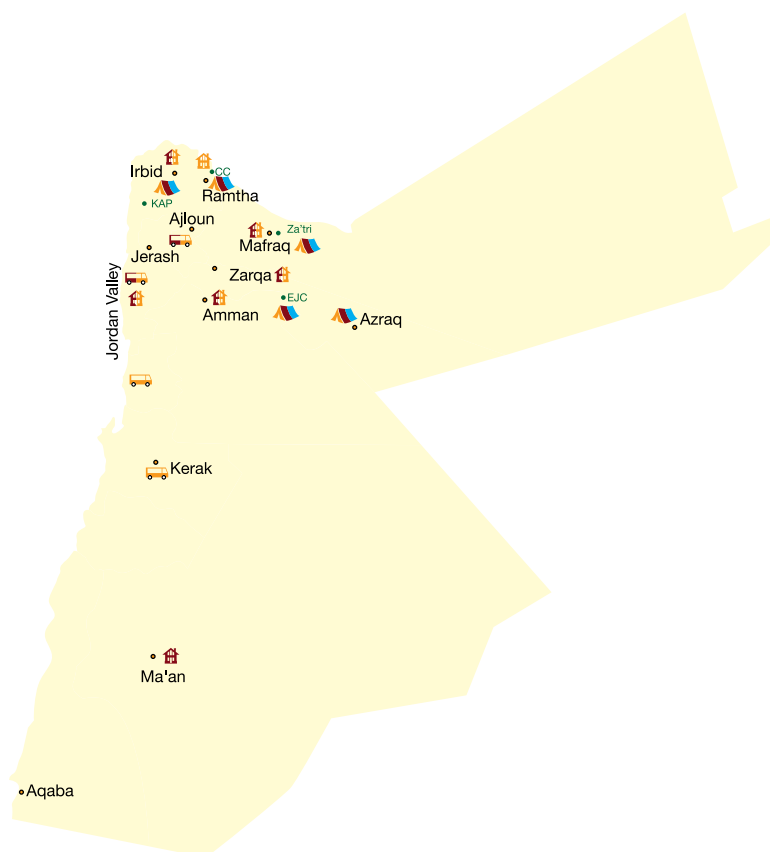
21.6 % Men



26.8 % Boys



145,541 Women of reproductive age (15-49 years old)



MAP of UNFPA's MAIN INTERVENTIONS



Gender-based violence (GBV)



Reproductive health (RH)



Youth

- Services provided in the camps
- Services provided in the urban areas
- Services through mobile clinics

UNFPA interventions:

- GBV Services
- RH Services
- Youth Services








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BUDGET

Donor	Thematic/ sector	Project objective	Geographical location	Funding received/ committed US\$
 European Community Humanitarian Office (ECHO)	RH ¹ /GBV ² / youth	Ensure Syrian refugees in Jordan, particularly women and girls of reproductive age, enjoy quality reproductive health services at all stages of life, are living in safe conditions and are treated with dignity and respect.	Six governorates (Amman, Irbid, Mafraq, Zarqa, Ma'an, and Al Karak) and Syrian refugee camps (Zaatari, King Abdullah Park, Cyber City, and Emirates Jordanian camps).	1,318,302
 Norwegian Government	GBV	Leverage community mobilization to prevent and respond to gender-based violence among Syrian refugees in Jordan.	Six governorates (Amman, Irbid, Mafraq, Zarqa, Ma'an, and Al Karak) and Syrian Refugee Camps (Zaatari, King Abdullah Park, Cyber City, and Emirates Jordanian camps).	231,000
 Kuwait Government	RH/GBV/ youth	Improve access of Syrian refugees to reproductive health and gender-based violence services in Jordan for refugees both living in host communities and in refugee camps.	Six governorates (Amman, Irbid, Mafraq, Zarqa, Ma'an, and Al Karak) and Syrian refugee Camps (Zaatari, King Abdullah Park, Cyber City, and Emirates Jordanian camps).	1,500,000
 Norwegian Government for Interagency project	GBV	Support gender-based violence (GBV) survivors to access life-saving services (Interagency project together with UNWomen and UNICEF).	Amman, Mafraq, Irbid and Zarqa.	518,442
 United States of America	RH/GBV/ Youth	Improve access of Syrian refugees to reproductive health and gender-based violence services in Jordan for refugees both living in host communities or in refugee camps.	Six governorates (Amman, Irbid, Mafraq, Zarqa, Ma'an, and Al Karak) and Syrian refugee camps (Zaatari, King Abdullah Park, Cyber City, and Emirates Jordanian camps).	820,000
 UNFPA Programme Funds	RH/GBV/ Youth	Improve access of Syrian refugees to reproductive health and gender-based violence services in Jordan for refugees both living in host communities or in refugee camps.	Six governorates (Amman, Irbid, Mafraq, Zarqa, Ma'an, and Al Karak) and Syrian Refugee Camps (Zaatari, King Abdullah Park, Cyber City, Emirates Jordanian camps).	96,230
 Central Emergency Response Funds (CERF)	RH/GBV/ Youth	Improve access of Syrian refugees to reproductive health and gender-based violence services in Jordan for refugees both living in host communities or in refugee camps.	Six governorates (Amman, Irbid, Mafraq, Zarqa, Ma'an, Al Karak) and Syrian Refugee Camps (Zaatari, King Abdullah Park, Cyber City, and Emirates Jordanian camps).	340,703
Total funding received / committed in 2013 (US\$)				4,824,677

PARTNERS:

Institute for Family Health (IFH), International Medical Corps (IMC), International Rescue Committee (IRC), Jordanian Health Aid Society (JHAS), Aman Jordanian Association, Family Protection Department (FPD), Ministry of Health in Jordan (MOH), Un Ponte Per (UPP), Jordanian Women Union (JWU), Youth Peer Education Network (Y-Peer).



1. RH: Reproductive Health
2. GBV: Gender-based violence

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2013 UNFPA HUMANITARIAN RESPONSE ACHIEVEMENTS

In 2013, UNFPA offered complementary youth, gender based violence prevention and response, and reproductive health services, while working on capacity building and empowerment of people and communities in Jordan.



REPRODUCTIVE HEALTH

UNFPA supports the government of Jordan and works with international and national implementing partners to provide high quality comprehensive and culturally sensitive reproductive health services through mobile and static clinics.



SITUATION

Access to medical care for refugees living in communities is a major concern. Despite the commitment of the Jordanian authorities to grant access to services to the Syrian refugees, not all health facilities offer services free of charge, many do not have capacity to deal with high influx of clients and others in urban areas where most refugees are located have a shortage in qualified health care providers.



RESPONSE

UNFPA supported 20 reproductive health clinics operated throughout Jordan: 10 static and 4 mobile clinics in host communities, and 6 reproductive health clinics in refugee camps. The scope of services provided by UNFPA-supported reproductive health clinics is as follows: prevention services, antenatal care, postnatal care, deliveries (in the Comprehensive Women and Girls Centre 3 in Zaatari camp), family planning, education, one to one counseling, reproductive health awareness sessions, sexually transmitted infection management, clinical management of rape and referral services. The ability of the mobile clinics to reach isolated areas brought services to a population which would not have accessed them otherwise.



REACH

In 2013, UNFPA provided reproductive health services to more than 67,000 Syrian refugee women and girls of reproductive age, including 18,841 family planning consultations, 12,312 sexually transmitted infection management consultations, 17,086 antenatal care consultations, 2,857 post-natal care consultations, 433 safe deliveries, and clinical care for GBV survivors.

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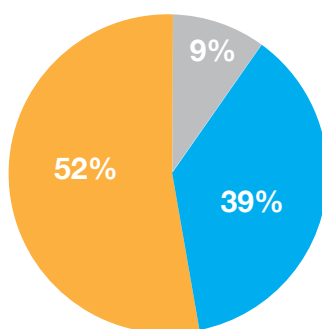
RESULT

The static reproductive health clinics provided an opportunity for refugees to have a well known place to receive services, which improved the access to a variety of free of charge reproductive health services.

Syrian refugees in underserved areas were reached through UNFPA-supported mobile clinics. The ability of the mobile unit to reach isolated and rural areas helped bringing services to a population which would not have accessed them otherwise.

2013 RH Services per age

■ <18 ■ 18-24 ■ >24



Proportion of Reproductive health services offered to women per age group



FEEDBACK

“The midwives at UNFPA JHAS supported clinics respect our feelings, treat us like a family member”,
Khalida Mohammad /Syrian Refugee/Zaatari Camp.

“UNFPA reproductive health kits help us to provide high quality services for the Syrian community”,
Aman Jordanian Association/Jordan.

Awareness raising on reproductive health issues and promoting access to available reproductive health services.



SITUATION

According to interagency assessments conducted by various UN agencies, NGOs and iNGOs in Jordan, Syrian women’s knowledge of reproductive health is often limited to awareness on some family planning methods.



RESPONSE

UNFPA provided reproductive health education on family planning, health-related messages on the disadvantages of early marriage, protection, women’s rights, health and hygiene issues, and guidance on available services.

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REACH

In 2013, over 27,000 women and girls of reproductive age have attended reproductive health education and sensitization sessions and around 30,000 beneficiaries were reached through leaflets, radio programs, and posters.

FEEDBACK

“The reproductive health clinic supported me to make better life decisions”, Salma El Kosa, Syrian Refugee in Cyber City Camp, Jordan

Capacity building of reproductive health service providers on Minimum Initial Service Package (MISP), Clinical Management of Rape (CMR) and referral pathways.

SITUATION

Even if there is a strong pool of medical capacity and knowledge in Jordan, there are needs to enhance the implementation of evidence based practices in GBV programming, establish protocols to raise awareness about available reproductive health services and referral pathways, and build the capacity on resilience post-crisis.

RESPONSE

UNPFA has trained service providers from numerous national organizations and structures on the reproductive health minimal initial service package (MISP) and clinical management of rape (CMR).

REACH

A total of 173 service providers were trained on the reproductive health minimal initial service package (MISP), and health service providers from 23 health entities received training on clinical management of rape (CMR).

RESULT

Trainings increased level of competency and knowledge among medical teams, and improved trust between health providers and beneficiaries. Jordanian health structures are better equipped to respond to the increasing influx of Syrian refugees, especially in host communities.

FEEDBACK

“This training allowed me to have a more comprehensive look towards my patients’ needs. I was impressed by the level of expertise of the trainers, and their use of evidence based information. They facilitated many interactive modules which helped me learn faster and better”, Dr. Reema Diab, Gynecologist in Zaatari refugee camp at UNFPA/JHAS Supported Clinic.

Coordination among partners to provide efficient and equitable reproductive health services to Syrian refugees in Jordan.



RESPONSE

UNFPA chaired the reproductive health sub-working group. More, UNFPA chaired a sub working group of reproductive health at camp level in Zaatari aiming to establish a link between the central working group and reproductive health partners in the camp, and to ensure gaps are identified at the field level.



RESULT

UNFPA played a major role in coordinating and transferring messages between central and peripheral levels, strategically approaching all stakeholders working in the field. This led to identification of reproductive health gaps and supporting effective coordination with other sectors and sub-sectors such as protection, health, and nutrition.

Procurement of reproductive health kits and family planning methods to avoid supplies shortage at national level.



SITUATION

With the Syrian refugee's influx, the health sector in Jordan witnessed an increasing demand to provide reproductive health materials in facilities of the Ministry of Health, resulting in shortage of reproductive health commodities and supplies including for example, a shortage of family planning supplies.



RESPONSE

UNFPA supported the national system in Jordan, through the provision of 135 inter-agency emergency reproductive health kits with essential drugs, equipments and supplies assembled into set of specially designed pre-packaged kits. These are notably for the treatment of sexually transmitted infections for contraception methods including condoms, intra-uterine devices, contraceptive pills and injectables, and delivery kits. Post-rape kits that include post-exposure prophylaxis (PEP) for the prevention of the transmission of HIV were provided to the facilities ready to provide CMR. UNFPA delivered two medical ambulances to the Ministry of Health to facilitate referral of cases.



REACH

UNFPA kits have been distributed to UNFPA's implementing partners and clinics offering reproductive health services, mainly the Moroccan hospital, French hospital, and Red Crescent society medical units. Each kit provided cover the needs of 10,000 to 150,000 people, depending on kit's contents and type.

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GENDER-BASED VIOLENCE AND YOUTH

Offering GBV response, including case management, medical, psychosocial and legal services.



SITUATION

During emergencies, systems of protection are weakened and disrupted, and forced displacement and separation of families and communities place women and girls at increased risk of multiple forms of GBV. GBV has been a persistent feature of the conflict in Syria. While physical violence by intimate partners and other relatives is reported as the main type of violence faced by Syrian women and girls in Jordan, other forms of GBV include forced and early marriage, survival sex and sexual violence. Survivors are often afraid to speak openly about GBV and to seek support because they may face abuse from family or community members.



RESPONSE

UNFPA and our partners IRC, IFH and UPP/JWU provided safe, confidential and survivor-centered case management that supports GBV survivors to access quality multi-sectoral (medical, psychosocial, legal and security) services according to their needs and preferences. Under this umbrella, UNFPA supported comprehensive psycho-social support through access to safe spaces, support groups, recreational activities and counseling. Through this psychological support, women, girls, men and boys engaged in structured activities that promote positive coping mechanisms and strengthen social networks. Safe spaces offered safe and non-stigmatizing environments where GBV survivors disclosed their experiences and access other specialized services, including medical and legal.

UNFPA operates by supporting multi-sectoral teams usually composed by case managers, psychologists, lawyers, doctors, youth workers and health educators. The teams are housed within safe spaces or mobile units. At the end of 2013, teams operated within 14 women and girls' centres, including five safe spaces in urban settings (Amman, Zarqa, Deir Alla, and Maan), seven safe spaces in refugee camps (four in Zaatri, Ciber City, King Abdullah Park, and the Emirate Jordanian Camp), and two mobile units.



REACH

UNFPA's partners IRC, IFH and UPP/JWU provided direct response services to over 1000 GBV survivors and more than 29,000 beneficiaries accessed women's safe spaces.



FEEDBACK

UNFPA and IFH conducted a beneficiaries satisfaction survey in June 2013. Among other things, beneficiaries who received any psychosocial counseling in five of the UNFPA/IFH's safe spaces were asked to rate the service on a scale from one to five, one being very dissatisfied and five being very satisfied. The overall cumulative score amounted to 4.57 for all 5 sites, which means very satisfied. More specifically beneficiaries were very satisfied about the collaboration with the counselor (4.62), how safe they felt to talk to the counselor (4.60), and the overall accomplishment made with the counselor (4.57).

Implementing GBV prevention: raising awareness on GBV issues, community mobilization, outreach, and youth engagement.



SITUATION

Effective GBV programming involves preventing violence through addressing the causes, contributing factors and risks.



RESPONSE

UNFPA's partners IRC, IFH and UPP/JWU carried out community based awareness campaigns and sessions in UNFPA-supported women's centers as well as in the community. These activities targeted women, men, boys and girls and included specific information on the available services in each region. These events were an entry point to improve access to services for GBV survivors.

UNFPA and partners conducted community mobilization and outreach activities using the approaches of men and women positive role models and peer to peer support. Well-trained community outreach workers shared information about existing services, exchanged ideas about sensitive GBV related issues and implemented risk mitigation activities including the implementation of a safety audit in partnership with IRC and UNHCR, in Zaatari camp with the support of Syrian volunteers.

UNFPA and partners focused on edutainment approaches, with awareness sessions on healthy lifestyles to reach Syrian youth. Syrian youth was engaged through a variety of initiatives, including recreational activities and two graffiti events during the 10 days of activism global annual campaign for Youth Peer Education Network (Y-PEER). One notable initiative was an animation workshop for young Syrian girls that resulted in the production of videos on harassment and early marriage in partnership with IRC. These videos were then used as a prevention tool for the community.



REACH

UNFPA and partners reached more than 28,000 Syrian refugees through the GBV awareness sessions and campaigns, and around 10,000 Syrian refugees in Zaatari camp through outreach visits conducted by community outreach volunteers to discuss GBV related issues.

Y-PEER network adapted the participatory peer to peer education manual in humanitarian settings and trained more than 100 young Syrian refugees inside the camp who then have been supported to design and implement initiatives to reach out to a wider number of peers and sensitize them on GBV issues.



FEEDBACK

"My motivation to volunteer as a community and outreach worker is to spread non-violent messages, so that I can help my community become less violent", Mohammed, Syrian volunteering for UNFPA/ IRC living in Zaatri camp.

"I want us to be strong to reconstruct Syria", Zeina, Syrian refugee living in Zarqa attending UNFPA/ JWU/UPP services

Capacity building for governmental and non-governmental service providers on core principles of working with GBV survivors.



SITUATION

The Ministry of Health and Family Protection Department (FPD) asked for capacity building support to ensure that different sectors are able to provide life-saving GBV services in Jordan. More, there is a need to incorporate the GBV risk-reduction strategies during the planning and implementation process of humanitarian response activities.



RESPONSE

UNFPA is one of the leading agencies working to ensure the humanitarian actors in the field are trained on GBV. In 2013, a total 995 service providers, and religious and community leaders have been trained on prevention and response to GBV including, survivor-centered case management, psychosocial, medical and legal support to GBV survivors, and GBV standards operating procedures (SOPs). UNFPA has focused on training health and social sector professionals from the Ministry of Health, Family Protection Department, general police and also non-specialized actors such as non-traditional protection humanitarian actors working for the Water, Sanitation and Hygiene (WASH), Non-food items (NFI), and food sectors. UNFPA also supported the integration of risk mitigations measures in the multi-sectoral response, increasing the referrals to specialized GBV service providers.

Coordinating among GBV service providers to strengthen multi-Sectoral GBV prevention and response.



RESPONSE

Effective prevention and response to SGBV requires that all actors involved in the Syrian refugee response coordinate their activities at both the national and field levels. To this end, a national emergency GBV sub-working group coordinated by UNFPA and UNHCR was established. The GBV sub-working group's achievements to date include: a strategy and work plan for its advocacy, awareness raising and the prevention and response work of its members; the preparation and coordination of inter-agency assessments; the establishment of inter-agency emergency SGBV and Child Protection Standard Operating Procedures (CP/GBV SOPs), as well as several capacity-building initiatives including training on specialized case management. Training sessions on the CP/GBV SOPs are conducted for SGBV service providers in all governorates of Jordan, as well as for actors operating in other sectors of the humanitarian response including the health, food, and water, sanitation and hygiene (WASH) sectors.

The awareness-raising activities of the sub-working group have included the production of key messages common to the protection sub-sectors, 16 country-wide distribution of approximately 9,000 comprehensive guides to services available to refugees, and participation in the global "16 Days of Activism against Sexual and Gender-Based Violence" campaign. A specialized Gender-Based Violence Information Management System (GBVIMS) has been established.

UNFPA co-chaired youth taskforce to facilitate field level coordination with objectives of creating a safe and enabling environment for youth and to ensure informed youth programming in Zaatari camp.



RESULT

GBV prevention and response activities are coordinated, and follow a strategic framework. The national emergency standard operating procedures for GBV (SOPs) are effectively used to improve the quality and access to GBV services provided to refugees in Jordan. The level of consultation and integration of both national and international standards resulted in a high level of inter-agency ownership of the procedures.



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Princess Mary of Denmark, UNFPA Patron, during her visit to UNFPA supported sites in Za'atari Camp for Syrian refugees in August 2013.



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Dr. Babatunde Osotimehin, UNFPA Executive Director, during his visit to UNFPA supported sites in Za'atari Camp for Syrian refugees in April 2013.



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Director General of ECHO, Mr. Jean-Louis de Brower, during his visit to UNFPA supported sites in Za'atari Camp for Syrian refugees in April 2013.



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Mr. Ahmad Al-Hindawi, UN Secretary General special Envoy on Youth, during his visit to UNFPA supported sites in Za'atari Camp for Syrian refugees in December 2013.



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Fun edutainment session to release stress done by IRC / UNFPA in the Women Comprehensive Safe Center in Za'atari Camp for Syrian refugees in June 2013.



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Safe Deliveries at UNFPA-JHAS Supported Clinic in Za'atari Camp for Syrian refugees , in July 2013.



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The Norwegian Ambassador in Jordan His Excellency Mr. Petter Olberg, during his visit to UNFPA supported " Women Comprehensive Safe Center" in Za'atari Camp for Syrian refugees.



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