



UNFPA in the Arab Region: Responding to Humanitarian Emergencies



Even under normal conditions, reproductive health issues are a leading cause of death and illness among women of childbearing age. But when a crisis strikes, skilled birth attendance and emergency obstetric care often become unavailable, exacerbating the vulnerability of pregnant women. Moreover, during conflicts, natural disasters and other emergencies, plans for a humanitarian response can easily lack adequate services for the immense sexual and reproductive health (SRH) needs among any affected population.

Women face other threats as well. The absence of health services and other factors can increase the risks of contracting HIV and other sexually transmitted infections. And the breakdown of protection systems often leads to a rise in gender-based violence (GBV). In addition, the burden of care women assume for children and others can make it difficult for them to take proper care of themselves. Women may neglect their own needs as they care for their families and neighbours.

In crisis situations, one in five women of childbearing age is likely to be pregnant. Without access to reproductive health services, these women face an increased risk of life-threatening complications. Many women lose access to family planning during emergencies, which can expose them to unwanted pregnancies in perilous conditions. The hygiene needs of women and girls almost never appear on the list of priority needs during a humanitarian crisis, even though menstruation cycles and attending to one's personal cleanliness are constant.



UNFPA in emergencies

Antenatal, safe delivery and post-partum care:

UNFPA's emergency response includes supplies for prenatal care; clean delivery kits to help prevent infections among women who cannot reach a medical facility during delivery; equipment and medicines for clinical deliveries; supplies for emergency obstetric care; and support to address post-partum complications that can arise for both mothers and newborns. UNFPA also provides on-the-

ground training for health workers and midwives. Responses are tailored to the circumstances of each crisis. Ad hoc delivery rooms may be set up in damaged buildings, mobile health clinics may be dispatched, and midwives are sometimes provided with motorcycles. More comprehensive services are organized when the worst of the crisis has passed.

Family planning:

Many couples want to avoid pregnancy and childbearing during crisis situations, but lack the means to do so. The absence of voluntary family planning in emergencies means higher risks of unintended pregnancies, greater health risks for pregnant women, and possible health consequences for those who resort to unsafe abortions. Restoring access to safe, effective contraception protects the lives and well-being of women and enables crisis-affected couples to

manage scarce family resources more effectively. UNFPA ships male and female family planning supplies to affected areas within the first hours of an emergency. When the situation stabilizes, UNFPA conducts rapid assessments to determine local needs and preferences and supports efforts to make a wide range of modern contraceptive methods available.

Hygiene:

The specific hygiene needs of women and girls are too often overlooked in emergencies. To help women and girls maintain their health and dignity, UNFPA distributes (dignity kits) in disaster- and conflict-affected communities. These kits contain menstrual pads, soap, underwear, as well as other supplies required by circumstances or cultural contexts. For example, head-

scarves are distributed in some communities, while t-shirts are provided in others. In places where women and girls fear assault, for example while traveling at night to the toilets, torches with batteries are included in the kits.



Addressing gender-based violence

UNFPA addresses gender-based violence (GBV) in humanitarian settings with a wide range of services, including counselling, post-rape treatment, legal support, assistance with livelihoods, and support through its sexual and reproductive health (SRH) programmes. UNFPA also incorporates violence prevention in its humanitarian response, reaching out to vulnerable adolescents and youth, sending messages to men and boys about gender equality, and working closely with faith-based networks and cultural leaders to reinforce support systems. Since 2005, UNFPA has co-led, with UNICEF, the GBV Area of Responsibility of the Global

Protection Cluster, which oversees the humanitarian community's response to GBV. UNFPA also works to strengthen services, information and referral systems for survivors, and helps develop the capacity of partners to effectively design, manage, and evaluate programmes to address GBV in emergencies. For example, the Fund establishes systems for improved management of GBV related data through the GBV Management Information System, and supports the interagency GenCap initiative, which deploys gender advisors to emergencies on short notice.

Young people

Young people often represent a large proportion of those affected by crises. In some countries, two thirds of the population is under 25, and half of the world's out-of-school children live in conflict or post-conflict countries. Displaced young people are particularly vulnerable to HIV, and they urgently need information and services to protect themselves from disease and unintended pregnancies.

UNFPA places a high priority on safeguarding young people's well-being and supporting their successful transition to adulthood. UNFPA raises awareness of and addresses the specific needs and concerns of young people affected by war or crisis, often using innovative and participatory approaches.

Data collection

UNFPA plays a critical role in collecting data during emergencies. These assessments help guide crisis responses, enabling humanitarian organizations and affected populations to better understand how needs are evolving under rapidly changing circumstances. UNFPA is uniquely well suited to perform this work. The

Fund collaborates with national statistical organizations in developing and middle-income countries, facilitating the collection, analysis, dissemination, and use of reliable data and information. UNFPA also has a wealth of experience, from the country and regional levels to the global level, on population and development issues.



UNFPA is the UN agency that leads the response to the needs of women and girls in reproductive age, both by providing direct services such as maternal health care or access to family planning information and methods, and by monitoring, tracking and responding to situation where women and girls are the target of gender-based violence.

UNFPA works closely with governments, UN agencies, community-based organizations and other partners to ensure that reproductive health is integrated into emergency responses. UNFPA provides medical and obstetric supplies and skills, hygiene items, family planning information and supplies, training to health care professionals, and other types of support to vulnerable populations, in order to ensure that the needs of women and young people are served through both an emergency and the reconstruction phase.

Syria

Syria is experiencing the biggest humanitarian, refugee and displacement crisis in the world today. On its sixth year, the conflict has already displaced some seven million people inside Syria, uprooting them from their communities and sending them away from their homes, and has pushed over five million others to flee the country all together and live as refugees in neighboring countries or beyond. Over 13 million people inside Syria need critical humanitarian assist in order to survive. Hundreds of thousands of Syrian women, including refugees and those still in Syria, are pregnant and in need of maternal care.

UNFPA supports medical structures in Syria and in Jordan, Lebanon, Iraq and Turkey to help them respond to the needs of girls and women in the field of reproductive and maternal health. It deploys medical and specialized personnel and distributes reproductive health kits and equip-

ment to assist affected communities and supports emergency obstetric care and psychosocial programmes. UNFPA, in close cooperation with its active partners, reaches out to young men and women in reproductive age, both to raise their awareness and to provide them with services and skills. It also supports special centres where young men and women receive psychosocial care and skills, and other centres where women survivors of gender-based violence (GBV) receive medical and psychological help.

To be able to respond to needs across the country, UNFPA runs its operations in Syria from different locations: Syria country office, a "Syria crisis" hub in Amman (Jordan) for cross-borders operations into South Syria and a "Syria crisis" hub in Gaziantab (Turkey) for cross-borders operations into north Syria.

"Girls back in Syria sometimes married young too, but we see it happening much more frequently here. I got my high school diploma then got married, but after marriage my husband and I continued to study. I waited until after I was 20 before I started having children." Izdihar fled her home in Syria with her 5 children, her husband is in Syria. Izdihar and her daughter, Saba, 16-year old, are among a group of active advocates against early marriage who reach out to young men and women, and to mothers and fathers. They are part of UNFPA's joint programmes with the Institute of Family Health of Jordan working with refugees from Syria in Zaatari camp.



13,500,000

TOTAL PEOPLE IN NEED

4,175,000

**WOMEN OF
REPRODUCTIVE AGE**

5,010,000

**Adolescents and youth
(age 10-24)**

6,500,000

**Internally-Displaced
Persons**

5,000,000

Refugees

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“I have four daughters and have no idea what the future holds for them. We live in this mud house, and I spend my days helping my disabled husband and his mother, who is also disabled,” said Faten, who looks much too young to be carrying such a burden. Like hundreds of women in Tal Arkam, a village on the north eastern borders of Syria in Hassake governorate, Faten was married really young and has never had access to information or services related to her reproductive health. “Suddenly a doctor and a nurse were at my front door, they helped deliver my fifth baby and explained to me what I should do to take better care of my health,” she added, waving medications and vitamins she said she received from a UNFPA-supported mobile medical clinic which recently went to her village.”

“You have no idea what I have been through, says Um Abdallah. My life was a nightmare but the worst part is that I thought this was normal. I thought that all husbands constantly screamed, I thought all wives got regular beatings. It is only when my body could no longer take the violence that I decided to visit this place,” she says, referring to a clinic in Damascus countryside that UNFPA supports. “Here, sitting through hours to talking to Zahra [a specialist in psychosocial support at the clinic] that I realized this was all not normal behavior in a man. I can now feel I am human being again. All I needed was someone to help me get my life back.”

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Yemen

In March 2015, a prolonged political crisis between Yemen government forces and their allies, and rebel groups erupted into a nationwide conflict resulting in an acute humanitarian crisis. In November 2015, two deadly cyclones devastated the country's coastal areas, adding to the plight of people.

As of March 2016, 21.2 million people - or 80 per cent of the population - were in need of humanitarian aid, including 3.4 million women and girls of reproductive age, an estimated 400,800 of whom were pregnant.

UNFPA is working with its partners to provide health services, equipment and medication to Yemeni women and girls, and to distribute reproductive health kits containing medical supplies to healthcare structures, and hygiene kits for personal use directly to women. UNFPA is also supporting services to prevent and respond to gender-based violence (GBV), which is highly prevalent amidst the instability. These services include the clinical management of rape, psychosocial support and safe spaces. In addition, the organization is working to ensure that health supplies that arrive in the nation's ports reach their final destination.

Since women do not stop getting pregnant or giving birth in times of crisis, UNFPA works to meet the unique health needs of women even in emergencies. With the escalation of the conflict in Yemen, UNFPA has been operating mobile clinics in governorates hosting large number of internally displaced people. These clinics have provided antenatal and post-natal care, assistance for safe deliveries, and reproductive health kits that have benefited more than 453,000 women and girls.

UNFPA has additionally distributed more than 100,000 dignity kits, which contain sanitary napkins, soap, and other items to help women and girls maintain personal hygiene.

UNFPA is also providing equipment for obstetric care and neonatal care to over 200 health facilities across the country. These facilities are linked to services that assist survivors of GBV. Since the beginning of the year, more than 5,000 people - not only women and girls but also men and boys - have sought help, receiving, for instance, psychosocial support or legal advice.

21,200,000

PEOPLE IN NEED

244,642

REFUGEES

BENEFICIARIES OVERVIEW

GBV SERVICES BENEFICIARIES

13,600,000

PEOPLE TARGETED FOR LIFE SAVING INTERVENTIONS

400,000

PREGNANT WOMEN

8,800

DIGNITY KITS BENEFICIARIES

68,000

WOMEN AT REPRODUCTIVE AGE AT RISK OF SEXUAL VIOLENCE INCLUDING RAPE

90,848

PREGNANCIES THAT END IN MISCARRIAGE AND UNSAFE ABORTIONS IN THE NEXT 12 MONTH

100,000

REPRODUCTIVE HEALTH SERVICES BENEFICIARIES:

8,400,000

YOUTH

450,000

OBSTETRIC EQUIPMENT

200

HEALTH FACILITIES

"We were the last ones to flee our area. The houses in my neighborhood were empty but full of fear. I was three months pregnant at the time and began to bleed heavily. By the time I reached a mobile clinic run by UNFPA, I had lost the pregnancy. The doctors also said that my condition required treatment, otherwise I would not be able conceive again. The news hit me like a storm I was afraid my husband would abandon me. He married me because he wanted children. I just went into a deep depression. The doctors recommended counselling and assistance at a women's centre run by Yemeni Women's Union, with support from UNFPA. It took me many days to start talking to the counselors. Now, six months later, I feel healed and extremely grateful. My husband and I are expecting a baby." Warda, a 20-year old, fled the conflict in her hometown of Saada, to Amran governorate."



Iraq

Iraq is grappling with complex humanitarian challenges. Millions of Iraqis are internally displaced by the fighting between government forces and armed opposition groups. Compounding the situation is the hundreds of thousands of Syrian refugees living in the country. UNFPA is helping deliver sexual and reproductive health (SRH) services and prevent and respond to sexual violence or trauma including gender-based violence (GBV).

UNFPA is helping deliver SRH services, including quality obstetric services to pregnant women

affected by the crisis, distributing reproductive health kits for antenatal and postnatal care to hospitals and family planning centres. It is also supporting the distribution of hygiene supplies to women and girls of reproductive age. Additionally, in clinics and safe spaces in camps and shelters, UNFPA is working with partners to provide essential health services to women of reproductive age, and is supporting psychosocial care for women and girls affected by violence or trauma.

10,000,000

PEOPLE IN NEED

900,000

WOMEN OF REPRODUCTIVE AGE

499,000

ADOLESCENTS AND YOUTH (AGE 10-24)

3,200,000

INTERNALLY-DISPLACED PERSONS

3,400,000

WOMEN AND GIRLS OF REPRODUCTIVE AGE

244,642

REFUGEES

450,000

TOTAL TARGETED BY UNFPA WITH SERVICES THAT PROVIDE SEXUAL AND REPRODUCTIVE HEALTH AND ADDRESS AND RESPOND TO GENDER-BASED VIOLENCE



“My gynecologist at the Domiz camp monitored my case from day one, checking my blood pressure and diabetes level daily, especially when I became pregnant. I felt completely cared for by the nurses and the doctor who helped me through my C-section.” Deena, 29-year old, and her husband fled their home in rural Aleppo, when armed groups took control of the area around Al Bab. They now live in the Domiz camp in Iraq, where they have found a silver lining amid the war clouds.



Palestine

To respond to the protracted crisis and ad-hoc humanitarian crises in Palestine, UNFPA's humanitarian efforts focus on interventions targeting the most vulnerable population groups in the Gaza Strip and localities in the West Bank and East Jerusalem, including internally displaced people (IDPs) and inhabitants of areas with restricted access. In all these areas, the priority is to strengthen reproductive health services (SRH), including by rehabilitating damaged infrastructure such as maternity hospitals and primary health care fa-

cilities, supporting mobile clinics and community outreach to increase the access of to various reproductive health (RH) services, such as antenatal care, child birth, postnatal care and family planning. UNFPA provides protection to vulnerable women, girls, and survivors of gender-based violence (GBV) primarily by training health professionals on issues related to responding to GBV and to needs identified in the field of SRH, including on providing women and girls with guidance, awareness, and direct services and counselling.



“My sister and I, we are finally able to have friends. Now we can participate in activities despite our disabilities and we feel that people love and respect us.” M.T., 20-year old, and her sister, both visit the UNFPA-supported Safe Space for women and girls in Jabalia Camp, northern of Gaza where they receive psychosocial support, attend awareness sessions and develop their skills by learning embroidery.

Sudan

Active in Sudan since 1973, UNFPA works with government institutions (such as the Ministry of Health and the Ministry Social Welfare, among others) at the federal and state levels, with civil society, international NGOs and sister UN agencies on development programmes and on responding to humanitarian and recovery needs. While the overarching goal is to reduce maternal mortality through improved and equitable access to basic reproductive health services and information, UNFPA supports youth and women's empowerment with a focus on vulnerable groups, particularly the rural, poor, and displaced communities.

The humanitarian response programmes targets internally displaced persons (IDPs), vulnerable host communities, refugees and irregular migrants, with a focus on life-saving service provision in acute emergencies, and on strengthening people's resilience in the context of protracted crisis. The ongoing armed conflict and ensuing displacement of people, in addition to an extremely chal-

lenging environment and widespread insecurity have seriously affected UNFPA's ability to access some areas especially conflict-affected zones.

UNFPA's priorities include making available sexual and reproductive health (SRH) services (including family planning, maternal health, and HIV) that are gender-responsive and meet human rights standards for quality of care and equity in access. The operating environment is extremely challenging, with a range of restrictions in place, widespread insecurity, and access to some areas completely barred.

The El Nino phenomenon added to the hardship of nearly four million people. The humanitarian community in Sudan is still in life-saving mode, prioritizing access of people to protection and assistance that will help them stay alive. UNFPA and partners focus on providing SRH services, and on establishing mechanisms that address and prevent gender-based violence (GBV).

5,800,000

PEOPLE IN NEED

950,000

WOMEN OF REPRODUCTIVE AGE

1,798,000

ADOLESCENTS AND YOUTH (AGE 10-24)

2,200,000

INTERNALLY-DISPLACED PERSONS

695,000

REFUGEES

3,100,000

AFFECTED BY EL NIÑO

1,091,485

TOTAL TARGETED BY UNFPA WITH SERVICES THAT PROVIDE SEXUAL AND REPRODUCTIVE HEALTH AND ADDRESS AND RESPOND TO GENDER-BASED VIOLENCE



Somalia

Somalia remains one of the largest and most complex humanitarian emergencies in the world. Apart from the instability and internal conflict that has been going on since 1991, the country also experiences perpetual drought, floods and cyclones. Somalia has faced political instability due to internal conflict for over two decades, leading to a fragmented governance structure in general and a poor health system in particular. In addition, the country often experiences natural disasters such as drought and floods. All these factors combined have resulted in poor reproductive, maternal and newborn health indicators especially among the vulnerable population groups.

The country is demographically very young, with over two thirds of the population under the age of 25. The 'Al Shabab' group (which means 'youth') and other fundamentalist and terrorist organisations, have exploited the disenchantment of young people and managed to enlist many of them. Young people are also highly likely to seek various ways to migrate and/or seek refugee status in developed countries. Addressing the needs of adolescents and young people, harnessing their potential and keeping them away from fundamentalist ideologies are therefore not just development priorities, they are imperatives for state and peace building.

According to UN estimates, Somalia has the second highest fertility rate in the world and the highest maternal and neonatal mortality in the world; with 1 in 22 women dying of pregnancy-related causes. This indicates the urgent need to improve maternal and reproductive health and save the lives of Somali mothers and their newborns.

According to the State of the World's Mothers 2015 report, Somalia is considered the worst place in the world to be a woman, with entrenched culture of gender-based violence (GBV) in its various forms. The prevalence of female genital mutilation (FGM) in the country is 98 percent. Somalia lacks comprehensive and quality service provision for GBV survivors.

The Somali statistical system collapsed in the late 1980s and the country has been in a data vacuum since then. Until recently, most population estimates were based on the 1975 census. Some recent data collection efforts have tried to fill the gap. The largest data collection exercise so far has been the 2014 Population Estimation Survey (PESS) carried out by the Somali authorities with the support from UNFPA and a number of other partners and donors.

UNFPA Somalia's humanitarian response work has improved access to life-saving reproductive health services and includes a holistic response to GBV survivors, primarily based on maintaining and scaling up of basic delivery care, and on supporting the referral of complicated pregnancies and childbirth, through 40 maternity homes established by UNFPA and run by implementing partners in Somalia. UNFPA has also improved access for GBV survivors to comprehensive health and psychosocial support through 12 centres mainly in south central Somalia, serving internally displaced people and the host communities. UNFPA also provides emergency reproductive health kits and commodities including post-rape kits to these maternity homes and referral facilities. UNFPA Somalia has contributed towards capacity building for health staff in Somalia through training of midwives, reproductive health coordinators and midwives on safe delivery and various services related to sexual and reproductive health (SRH) and to responding to GBV. UNFPA and the Ministry of Health carry out joint missions to areas that are hard to reach, seeking marginalised and vulnerable populations such as the displaced, refugees and nomadic populations to provide them with adequate maternal and reproductive health services.

In 2015 alone, more than 30,000 women accessed reproductive health services and 10,000 safe deliveries with UNFPA Somalia's assistance.





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