



Photographed by: Raed Addayleh

A Syrian woman spends her first Eid al-Adha outside her country in Zaatari camp, Jordan. No cause for celebration but at least she and her baby are safe. Credit: UNFPA, 2013.

HIGHLIGHTS

SYRIAN ARAB REPUBLIC: UNFPA calls for urgent action to enhance the functionality of emergency obstetric care services, as the percentage of Caesarean sections in public health facilities soared from 29 per cent in 2009 to 45 per cent in 2013.

UNFPA initiates new reproductive health forms in ten private hospitals in the most five affected governorates, enabling more women to have access to emergency obstetric care services free of charge.

LEBANON: UNFPA pilots a three-month initiative for use of a gender-based violence information management system (GBVIMS) to harmonize data collection on GBV and enable safe and ethical sharing of reported GBV incidents.

JORDAN: UNFPA introduces new gender-based violence prevention and response services.

UNFPA supports the deliveries of 24 new babies in the delivery room in one of the three reproductive health care facilities in Zaatari camp, while proceeding to establish a second delivery site in Zaatari camp.

IRAQ: UNFPA conducts focus group discussions in Domiz camp on gender-based violence to ensure that communication and outreach activities are needs based. UNFPA is currently working on providing new camps in Iraq with reproductive health clinics and services.

TURKEY: UNFPA conducts eight training courses for refugee camp professionals and volunteers on skills related to assessment and referral of persons affected by violence.

HUMANITARIAN SITUATION

More than two million women and girls of reproductive age living in and outside the Syrian Arab Republic are in desperate need of support. Out of the two million, around 500,000 Syrian women, of which 20,000 are pregnant women, are seeking refuge in neighbouring countries, and are suffering economically and emotionally. Across the region, neighbouring countries are struggling to cope with the staggering number of refugees, who have strained protection, health, education and other urgently-needed services. As more refugees stream over the border every day, United Nations agencies, including UNFPA, are being forced to prioritize interventions due to lack of funds.

UNFPA and partners are scaling up effort to achieve universal access to sexual and reproductive health (including family planning), promoting reproductive rights, reducing maternal mortality and improving the lives of youths and women by advocating for human rights and gender equality and by promoting the understanding of population dynamics.

SYRIAN ARAB REPUBLIC

Protection of civilians in the areas of armed conflict is a grave concern to UNFPA and its partners. Access to sealed-off areas in non-Government of Syria controlled areas is difficult. Access to areas where internally displaced persons are concentrated, such as communal shelters, is also limited. There are thousands of women and girls in need of protection and social services including reproductive health care, particularly in Damascus, rural Damascus, Latakia, Idlib and Aleppo.

Addressing reproductive health concerns, especially post-natal care and reproductive health surgical interventions, has been challenging given the current security situation, violence and political tension.

LEBANON

As of 4 October, the number of Syrian refugees currently receiving

assistance through UNHCR and partners is 779,000, of whom over 678,000 are registered and 101,000 are awaiting registration. Current distribution of the registered population is as follows: north Lebanon: 217,000; Bekaa: 226,000; Beirut and Mount Lebanon: 144,000, south Lebanon: 90,000.

JORDAN

Fifty three per cent of the 538,839 registered Syrians refugees in Jordan are females, of which there are 7 per cent between the ages of 12 - 17 and 23.8 per cent between ages 18 - 58.

According to the Regional Response Plan 6 (RRP6) planning figures, the number of Syrian refugees is expected to reach 800,000 by the end of 2014, 75 per cent in urban areas and 25 per cent in Zaatari and Azraq refugee camps.

IRAQ

The number of registered Syrian refugees inside Iraq reached 196,843, of which 49,210 are women and girls of reproductive age. According to UNHCR data and projections, up to 1,000 additional Syrian refugees are expected arrive in the Kurdistan Region on a daily basis till the end of 2013. Most of the refugees have no means of supporting themselves and are hosted in refugee camps (around 50 per cent of the total newcomers). Sehela border remains closed, with the exception of 29th to the 30th September, when 2,152 individuals crossed into Iraq.

On 26th September, the Governor of Erbil announced four new permanent camps in the governorate: Darashakran, Qushtapa, Basirma, and Kawergosk.

Due to the complexity of the situation, mapping of the needs and assessing the situation was the first response of the stakeholders. The Government of Kurdistan and humanitarian stakeholders have identified health and protection of the new wave of refugees as a priority. UNHCR is moving Syrian refugee families from Bekhma to the Darashakran camps, which started operations on 29 September 2013. The relocation is taking place at the rate of 50 families per day. UNFPA is in process of setting up reproductive health, youth and gender-based violence programmes in the new camps.

HUMANITARIAN RESPONSE (1 - 20 OCTOBER 2013)

SEXUAL AND REPRODUCTIVE HEALTH, INCLUDING FAMILY PLANNING

SYRIAN ARAB REPUBLIC

Reproductive health services: Around 6,800 women received emergency obstetric care, including normal and Caesarean-section services, and 400 benefited from the reproductive health vouchers through UNFPA partners' facilities.

The percentage of women opting to have Caesarean-section deliveries in public health facilities soared from 29 per cent in 2009 to 45 per cent in 2013 despite the fact that more than fifty per cent of public health facilities are damaged, making it more difficult to access surgical facilities.



Women receive reproductive health services at one of the UNFPA-supported clinics in Hama, Syrian Arab Republic. Credit: UNFPA, 2013

AT A GLANCE:

In Syria Arab Republic	In Lebanon
6.8 MILLION PEOPLE AFFECTED	779,000 REFUGEES
1.7 MILLION WOMEN AND GIRLS OF REPRODUCTIVE (CHILD-BEARING) AGE	199,750 WOMEN AND GIRLS OF REPRODUCTIVE (CHILD-BEARING) AGE
68,000 PREGNANT WOMEN	7,990 PREGNANT WOMEN
In Jordan	In Iraq
538,839 REFUGEES	AROUND 196,843 REFUGEES
134,709 WOMEN AND GIRLS OF REPRODUCTIVE (CHILD-BEARING) AGE	49,210 WOMEN AND GIRLS OF REPRODUCTIVE (CHILD-BEARING) AGE
5,388 PREGNANT WOMEN	1,968 PREGNANT WOMEN
In Turkey	In Egypt
500,000 REFUGEES	125,786 REFUGEES
125,010 WOMEN AND GIRLS OF REPRODUCTIVE (CHILD-BEARING) AGE	31,446 WOMEN AND GIRLS OF REPRODUCTIVE (CHILD-BEARING) AGE
5,000 PREGNANT WOMEN	1,257 PREGNANT WOMEN

SOURCE: UNHCR AND UNFPA: OCT 2013

Introducing new reproductive health forms: UNFPA initiated new reproductive health forms, enabling women to choose and access emergency obstetric care including delivery services free of charge at one of the ten private hospitals in the five most conflict-affected governorates.



The new reproductive health form in Syrian Arab Republic. Credit: UNFPA, 2013

Reproductive health supplies: UNFPA provided the health care facilities of the Ministry of Health, Ministry of Higher Education, Syrian Arab Red Crescent and Syrian Family Planning Association with life-saving reproductive health commodities, enough to enable around **1.8 million women** to receive quality reproductive health services, including emergency obstetric care, in Damascus, rural Damascus, Homs, Idlib, Deir Ezzor and Sweida.

UNFPA delivered **168,000 intravenous fluids** to national partners to be distributed in cooperation with the Ministry of Health and Ministry of Higher Education hospitals to health facilities serving vulnerable internally displaced persons. Moreover, UNFPA provided six health facilities run by Social Care NGO in Hama with **reproductive health commodities sufficient to enable around 20,000 women to receive family planning and reproductive health services**, including emergency obstetric care.

LEBANON

Distribution of medicines and reproductive health kits: UNFPA provided Saida governmental hospital with a rape treatment kit and carried out capacity-building exercises for six staff responsible for treating survivors of sexual violence.

Information sharing: UNFPA distributed in coordination with UNHCR, **40,000 reproductive health brochures** to Syrian refugee

women through UNHCR registration centres and supported the distribution to health facilities all over Lebanon. The brochure highlights the reproductive health services available to refugees (ante-natal care, pre-natal care, treatment of sexually transmitted infections, family planning services, and rape treatment).

JORDAN

Reproductive health awareness: UNFPA in collaboration with the Jordan Health Aid Society has organized awareness-raising activities for **46 women on pre-marriage tests** and other reproductive health issues in Zaatari camp. In Amman, UNFPA, in partnership with Aman Association, has organized awareness activities for 75 women on the effectiveness, benefits and disadvantages of IUDs, as well as on the common symptoms, treatment, and prevention of reproductive tract infections.

Reproductive health training: UNFPA organized two training courses on the Minimum Initial Service Package (MISP) separate in partnership with the Institute for Family Health (IFH) and Jordan Health Aid Society for a total of **34 medical and para-medical personnel** from the two organizations and other service providers operating in the camp.

Reproductive health services: UNFPA supported reproductive health services (gynecology and obstetric consultations, ante-natal and post-natal care consultations, and family planning) for **3,631 women** (303 of them younger than 18) during the period 25 September - 8 October, through Aman clinics in Amman, governorates in the south and Jordan valley, and through the clinics of the Jordan Health Aid Society in Amman, Mafraq, Ramtha, Irbid and Zarqa and in the refugee camps.

During the month of September 2013, **67 deliveries took place at the three UNFPA reproductive health care facilities that are operated by the Jordan Health Aid Society in Zataari camp in districts 5, 1, and 9, while there were 24 deliveries during the first week of October 2013.** UNFPA is working to establish a second uncomplicated delivery services site in UNFPA clinic number one, which is the closest to the Moroccan field hospital, where emergency cases are referred for potential Caesarean sections if necessary.

IRAQ

Reproductive health services: UNFPA continued to support and ensure quality reproductive health services to Syrian refugees. During the reporting period the following Syrian women and men benefited from services at the health facility: antenatal care: 356 women; family planning: 120 (injection 1; oral contraceptives 63, IUD 35 and condoms 11); and post natal care: 116.

Reproductive health services: The recent batch of reproductive health kits were received and delivered to the Ministry of Health's existing clinic in Domiz, the new clinic in the new camp as well as to health facilities providing services to non-camp refugees.

TURKEY:

Reproductive health information materials: UNFPA printed **300,000 brochures** of reproductive health information materials in Arabic and distributed them to women inside the 21 camps and outside the camps through health facilities in ten provinces.

GENDER EQUALITY AND WOMEN'S EMPOWERMENT

SYRIAN ARAB REPUBLIC

Gender-based violence services: Supported by UNFPA, the Syria Arab Red Crescent volunteers and Syrian Family Planning Association mobile teams provided psychosocial support services and referrals to specialized psychiatric services and clinics to **3,300 women** residing in shelters in Damascus, rural Damascus, Idleb, and Homs.

Gender-based violence supplies: In cooperation with the International Medical Corps, UNFPA delivered supplies and medicines to five health centres in Damascus and rural Damascus sufficient to **enable treatment for 800 survivors of sexual violence in addition to quality psychosocial support services and psychosocial first aid.**

In an attempt to preserve the dignity of families in violence-affected areas, UNFPA provided vital **hygiene products to 20,600 women and 2,300 men** in rural Homs, Damascus, Raqqa, and Deir Ezzor.



UNFPA provides reproductive health supplies and medicines to five health centres in Damascus and rural Damascus
Credit: UNFPA, 2013

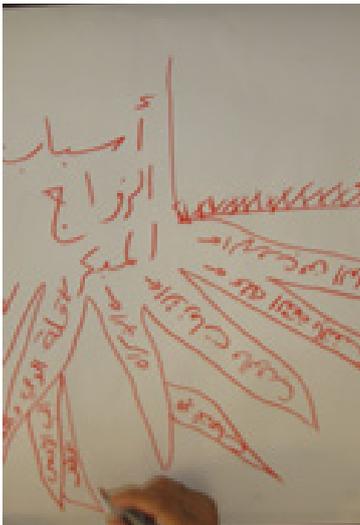


Field visit: Syrian women from internal displaced communities and shelters enjoyed safe deliveries and celebrated the first day of the holiday of Eid al-Adha in the hospital with their new babies. Laila Baker, the UNFPA Representative in Syria, paid a visit to three UNFPA-supported hospitals in Damascus, met the new mothers, and provided them with dignity kits and small gifts. Credit: UNFPA, 2013.

Gender-based violence training: UNFPA provided training sessions on basic psychosocial support services and psychosocial first aid for 30 relief workers and school counselors of UNRWA, serving in the affected areas in Damascus and rural Damascus, and for 20 volunteers working as part of the Syrian Arab Red Crescent mobile teams.

LEBANON

Gender-based violence prevention and response campaign with focus on basic life-skills, problem solving and psychological first aid targeting women: UNFPA in collaboration with the American University of Beirut's Department of Psychology, conducted a two-day training course on problem-solving skills for 14 social workers and psychologists from the Ministry of Social Affairs and local NGOs.



Quote:
"We spend days doing nothing at home. As girls we are forbidden to go out very often. The culture here is different from Syria...When we go out we face some verbal aggressions and violence...It has been one and a half year that we are here in Lebanon and we didn't continue our schooling because the curricula is very different from what was in Syria...I hope when I get back to Syria - if I get back- to continue my secondary school". Syrian girl in the Bekaa aged 20 years.

UNFPA conducts training course on problem solving skills to 14 social workers and psychologists in Lebanon. Credit: UNFPA, 2013

Piloting a three month gender-based violence information management system (GBVIMS) data collection exercise from case management organizations to harmonize data collection on gender-based violence: The exercise is designed to provide a simple system for GBV project managers to collect and analyse data and to enable safe and ethical sharing of reported GBV incident data. It is expected that some findings will be released in December and will be used to guide future interventions.

JORDAN

Gender-based violence services: UNFPA introduced new gender-based violence prevention and response services for Syrian refugees in the Institute for Family Health and Un Ponte Per (UPP) sites, including counseling sessions, psychosocial support sessions, legal aid, recreational activities, and awareness-raising activities. The recreational activities include empowerment activities such as alphabetization, computer literacy, and life-skills activities.

Gender-based violence training: During the reporting period, the International Rescue Committee, in collaboration with UNFPA, conducted a training course on gender-based violence basic principles, risk identification and the referral pathway for **26 professionals working in the community-based child protection committees in Zaatari camp**, supported by Save the Children.

The UPP's community-based radio station supported by UNFPA and UNESCO focused its programme during the first two weeks of October on identifying legal aid resources.

IRAQ

Gender-based violence training: UNFPA organized four focus group discussions on gender-based violence, targeting women, men, boys and girls on their safety and security issues, including gender-based violence and gender-based needs and concerns. A total of 44 women, men, boys and girls (12 women, 13 girls, 9 boys

and 10 men) participated. The results of the focus group discussions will inform the community outreach activities as well as advocacy initiatives among other sectors on women's gender needs and concerns.

UNFPA conducted two lectures in the women's space targeting women. Twenty-nine women attended the reproductive health session and 16 attended a behaviour modification session.

Gender-based violence services: A total of eight women have visited the women's space during the reporting period and were provided with listening, basic counseling and referral services.

TURKEY

Gender-based violence training: During the first two weeks of October, UNFPA conducted eight training courses for around 100 camp security personnel, translators, teachers and Syrian volunteer teachers on communication skills related to assessment and referral of violence-affected people. UNFPA provided Syrian refugees and representatives of women committees information about the effects of violence, coping skills and its impact on health.

SUPPORTING ADOLESCENTS AND YOUTH

SYRIAN ARAB REPUBLIC

UNFPA organized a training course for 20 volunteers in Syrian Arab Red Crescent mobile health teams in Damascus where they shared their main lessons learned and the challenges they were facing in the field and during their visits to IDP shelters. One of the main issues raised is the **increase of early marriages among the internal displaced persons and the need to raise awareness among men and boys on reproductive health issues.**

LEBANON

Initiating youth assessment for Syrian refugees: The technical committee, consisting of members from UNICEF, UNFPA, UNES- CO and Save the Children International, finalized the survey questionnaire.

Planning resilience-building interventions among school students: During the reporting period, as part of a project with the NGO IDRAAC, an introductory meeting took place with the directors of 28 schools, focusing on the questionnaires for the impact assessment of students and parents in relation to parenting and school-based interventions. The student's questionnaire covers areas of general family living conditions; resilience and coping; anxiety; childhood depression; social stressors; war events for Syrian refugees; child abuse; and post-traumatic stress disorder, while the parents' questionnaire covers family activities; impulsivity; social stressors; war events for Syrian refugees; child abuse; and maternal/paternal psychopathology.

Interventions targeting youth affected by the Syrian crisis for healthier and more active youth, particularly, for Syrians and Palestinian refugees from Syria as well as youth from the hosting communities: UNFPA organized four sub-regional meetings with the participation of 100 nurses, social workers, and midwives from the Ministry of Public Health, Ministry of Social Affairs, as well as national and international NGOs from Beirut, Mount Lebanon, North, South and Bekaa regions.

Social workers and refugee volunteers conducted awareness-raising activities about **the importance of the registration of newborn children at birth.**

JORDAN

The International Rescue Committee (IRC), in collaboration with UNFPA, conducted a five-day animation design training course for eight Syrian girls aged 15-20 in Zataari camp. **The trainees produced at the end of the course two animation films, one on early marriage and the second on harassment.** The trainers achieved the learning objectives of empowering the young women, enhancing their personal skills, and educating them on the basic principles of gender-based violence and techniques of developing animation films.



UNFPA provides training course on animation design in Jordan. Credit: UNFPA, 2013

IRAQ

UNFPA continued to support various life-skills initiatives for young people (girls and boys) at the youth space. A total of 15 young people (boys and girls) trained and enhanced their skills in writing essays while 15 young people (boys and girls) trained and enhanced their skills in communication and 15 young people (boys and girls) participated in a chess class/game. In addition, 15 young people participated and enhanced their skills in a drawing class.

UNFPA conducted a **project management course for young people and supported them to prepare initiatives.** In addition, a peer education session was conducted inside the youth space in Domiz camp.

EGYPT

UNFPA conducted a training course for 36 nurses on family planning and gender-based violence referral.

COORDINATION AND CAPACITY BUILDING

Regional Response Plan (RRP6): UNFPA participated in preparation of RRP6 with other humanitarian partners. Under RRP6, UNFPA will focus on reproductive health and the response to gender-based violence in addition to institutionalizing the UNFPA Minimum Initial Service Package (MISP), providing reproductive health commodities and essential medicines, building capacity of health providers, supporting women and youth safe spaces, capacity development on women's protection, psychosocial support, youth peer-to-peer approaches, and data collection, among others.

SYRIAN ARAB REPUBLIC

UNFPA participated in meetings facilitated by OCHA to better organize humanitarian convoys to the affected governorates.

UNFPA participated in United Nations sector meetings on health, protection, non-food items, and logistics in support of an effective

and coordinated humanitarian response.

LEBANON

UNFPA met with the Ministry of Public Health, WHO, UNHCR and the International Medical Corps to discuss the development of a pregnancy card for Syrian refugee pregnant women. The template was finalized and endorsed by the Ministry of Public Health. Around 1,000 copies will be printed by UNHCR.



The strategic gender-based violence task force started planning activities for the global annual 16 Days campaign to eliminate violence against women, including launching the GBV standard operating procedure, media roundtable discussions, and awareness-raising campaigns.

IRAQ

During the second week of October, UNFPA attended the camp coordination meeting of the new Gawilan refugee camp. Winterisation meetings have also been instituted in preparation for the coming winter.

UNFPA had a meeting with Department of Health Director in Dohuk and advocated on allocating adequate space for UNFPA interventions, especially in the new camps. UNFPA asked the Directorate of Health to access information on health facilities in the non-camp settings of Dohuk, where Syrian refugees are concentrated, to enable UNFPA conduct a quick health facility assessment and support the directorate in providing the reproductive health services needed for Syrian refugees in non-camp settings.

UNFPA participated in a high-level meeting in Domiz Camp with the consul of the U.S. embassy in Baghdad. The purpose of the visit was to acquaint the consul with UNFPA's work in the camp and acknowledge the current gaps and needs of refugees.

UNFPA has attended and co-chaired the strategic gender-based violence coordination meeting in Dohuk and two coordination meetings in Erbil.

EGYPT

UNFPA attended a coordination meeting with the maternal and child health department in the Ministry of Health and Population, to agree on a mechanism to support public primary healthcare units in responding to the needs of Syrian refugees

FUNDING UPDATES: UNFPA received \$398,040 from CERF to be used to increase the availability of contingency dignity kits stock and to meet the emerging needs of vulnerable people in the Syrian Arab Republic.

CHALLENGES

In Syria: The security situation in Syria affects timely and effect delivery of health services, including reproductive health, to people in need.

Inadequate information and services are available to mitigate the consequences of gender-based violence in Syria.

Inadequate information is available about the type and place of existing reproductive health services, including emergency and obstetrical services at the community level.

UNFPA and its partners are concerned about the deterioration of the economic and social conditions of families, which expose the families, particularly women, to various kind of violence, including gender-based violence.

In Jordan: The lack of security in certain parts of Zaatari camp impedes refugees' access to services. The continuing limitation of transportation options for refugees affects accessibility to health services for the most disadvantaged, including pregnant women in the camp.

The UNFPA reproductive health facility in the camp's District 5, which is operated by the Jordan Health Aid Society, becomes the only uncomplicated delivery services in Zataari camp after the departure of the government social franchise on 7 September.

In Lebanon: The highly fragile situation in Lebanon, with intensified hostility in the north, South and Bekaa, is affecting programme delivery and staff movement.

The two leading concerns reported by refugee volunteers based on their outreach activities and visits, were access to health care and food/non-food assistance and school enrollment.

The issue of access to unregistered Syrians detained in Lebanon remains problematic. Refugees are moving into new areas.

In Iraq: Borders remain closed following the recent violence in Erbil.

The new wave of refugees has complicated the humanitarian scenario, a scenario that for the past six months was based on a chronic model of response to a mix of acute and chronic one. Thus, the humanitarian needs now are vast and range from shelter, health, food to Protection. Each new camp being transit or permanent is unique and with a unique set of needs.

There are insufficient numbers of personnel trained in gender-based violence in emergencies.



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RELEVANT RESOURCES
www.unfpa.org
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