UNFPA believes that every Syrian woman and girl has the right to have access to affordable reproductive health care and be effectively protected from gender-based violence. UNFPA and partners are scaling up efforts to empower and improve the lives of Syrian women and youth and impacted communities inside Syria and in host countries, including by advocating for human rights and gender equality, to better cope with and recover from the crisis.

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

5,000 plus healthy babies and mothers in Zaatari Camp

The 5,000th baby, a little girl “Rima” arrived at 7:30 pm on 21 February 2016 in the UNFPA-supported reproductive health clinic in Jordan’s Zaatari Camp in Jordan. Her mother expressed her hopes for Rima’s future accomplishments. “I never thought in my life that my daughter would get all this attention. I hope her future will be as bright as this day and she will live to be an influential and famous woman in Syria when she grows up.” Rima’s father stated proudly, “With the birth of Rima, we have prepared sweets and thankfully we are able to share our joy with relatives and neighbors.” Rima’s parents chose her name after the Jordanian gynaecologist who delivered her. Passionate about her work with the Syrian refugees, Dr. Rima Diab felt honoured by her new namesake and truly rewarded by her hard work which has continued since Rima’s birth with an additional 50 births in Zaatari. “The clinic expanded a lot since it opened 30 months ago. Working in this clinic for Syrian women is my passion and knowing that Rima’s mother named her after me is the best reward I may have in my life.”

The Zaatari reproductive health clinic provides quality services and is the only delivery room in Zaatari that provides normal delivery services in the camp. The clinic manages an average of 8-10 deliveries per day, with an additional 2-3 complicated cases being referred to the Moroccan field hospital inside the camp, which has also recently celebrated their 1,000th birth delivered by C-section.

With no maternal deaths at the clinic since its opening, celebrations have taken place each year to recognize the clinic’s accomplishments. In June 2013, Ula was the first baby born in the clinic and in 2014, Aisha was the 1000th baby to be delivered while last year marked the birth of the 3000th baby, Obada. “Being able to say with confidence that no woman has died giving birth in the UNFPA-supported clinic at the Zaatari Camp for refugees is a source of pride for us as a humanitarian agency,” said UNFPA Executive Director Dr. Babatunde Osotimehin. “Ensuring that women get quality maternal health care that can save their lives is a priority for UNFPA and for humanity.”

The clinic includes 24 beds and is equipped with sophisticated reproductive health equipment and staffed with a group of 39 qualified Jordanian gynaecologists, pediatricians, midwives and nurses who work around the clock. The clinic is part of a specialised women’s and girls’ centre that provides comprehensive reproductive health and protection services to about 20,000 Syrian women and girls of reproductive age, including 2,000 pregnant women in the camp. The facility is operated by the Jordan Health Aid Society and the Institute for Family Health, and is supported technically by UNFPA and financially by the European Commission and the Government of the United States of America.
HUMANITARIAN RESPONSE

SYRIAN ARAB REPUBLIC
FROM ALL CHANNELS

QUICK FIGURES

SYRIANS AFFECTED BY THE CRISIS: 13.5 MILLION
WOMEN AND GIRLS OF REPRODUCTIVE AGE: 4.1 MILLION
YOUTH: 2.5 MILLION
PREGNANT WOMEN: 360,000

Sources: Turkey’s Disaster and Emergency Management Authority (AFAD), UNHCR, OCHA, and UNFPA - Jan 2016.

UNFPA RESPONSE IN SYRIA

REPRODUCTIVE HEALTH AND SAFE MOTHERHOOD

SERVICES
- 284,000 reproductive health services
  - 46,000 reproductive health services to hard-to-reach areas
  - 22,150 deliveries supported by UNFPA
  - 3,200 deliveries for women under 18
  - 6,700 ante-natal services
  - 11,400 pre-natal services
  - 14,750 family planning services
  - 560 deliveries supported through the UNFPA voucher system

AWARENESS SESSIONS: 8,100 beneficiaries
OUTREACH ACTIVITIES: 16,900 beneficiaries

REPRODUCTIVE HEALTH KITS: 421,500 potential beneficiaries

GENDER EQUALITY AND WOMEN’S EMPOWERMENT

SERVICES
- 30,264 gender-based violence related services
- 3,275 services in hard-to-reach areas

AWARENESS SESSIONS: 8,490 beneficiaries
OUTREACH ACTIVITIES: 4,900 beneficiaries
HYGIENE KITS: 26,500 kits distributed

UNFPA reached around 120,000 people residing in eight of the hard-to-reach areas with reproductive health and gender-based violence services through the delivery of reproductive health commodities in joint United Nations convoys.

RESPONSE THROUGH CROSS-BORDER MODALITY (1-30 JANUARY 2016)

SERVICES
Northern Syria
- 11,452 beneficiaries received reproductive health services in the northern part of Syria
  - 131 early pregnancies were recorded
  - 1,061 safe deliveries
  - 348 Caesarean-section deliveries
  - 2,413 ante-natal care services
  - 770 family planning
- 1,071 beneficiaries received gender-based violence services in the northern part of Syria
  - 343 beneficiaries outreached with gender-based violence related messages
  - 390 beneficiaries participated in recreational activities
  - 52 people trained on Minimum Initial Service Package and clinical management of rape

Southern Syria
- 13,361 beneficiaries received reproductive health services in the southern part of Syria
  - 2,022 safe deliveries
  - 702 Caesarean-section deliveries
  - 2,435 ante-natal care services
  - 315 post-natal services
  - 1,845 family planning related services
  - 361 beneficiaries in awareness sessions
  - 18 health workers trained on Minimum Initial Service Package and clinical management of rape
  - 18 boys and girls participated in youth activities

(*Due to logistic and security challenges, implementing partners share their data a month late).

UNFPA continues to provide primary and secondary reproductive health and gender-based violence services in Homs, Hama, Aleppo, Edleb, Queitira, Daraa and Duma governorates through Implementing partners. UNFPA supports 13 primary health care centres, six mobile clinics and two hospitals as part of the cross-border operation in southern Syria and one mobile clinic and nine health facilities in northern Syria. Support includes procurement and transportation of drugs and medical supplies, running costs of infrastructure and integration of reproductive health services into primary health care services.

UNFPA-SUPPORTED FACILITIES IN SYRIA

Number of women’s spaces: 33
Number of field reproductive health clinics or mobile teams: 89
Number of health facilities: 238
**STORIES FROM SYRIA ARAB REPUBLIC**

**After mine explosion, pregnant Syrian woman receives necessary health care**

In Al Hasakah, at the northeastern part of Syria close to the Iraqi borders, Mariam and her family of seven began their journey by foot to cross the border. On the trek, the family was caught in a mine explosion that shook the ground, causing the death of two family members. Mariam, 16 weeks pregnant at the time, survived but lost her pregnancy.

Land mines are the latest among the grave daily hazards faced by citizens in remote regions of Syria. According to some estimates, 600,000 of the 1.5 million residents of Al Hasakah are in need of emergency assistance. Half of those in need, around 345,000, are women of reproductive age while close to 54,500 pregnant and lactating women are in need of urgent gynaecological and obstetric care.

After the mine explosion, Mariam was referred to the UNFPA-assisted Al Hasakah National Hospital, which is the only operational hospital in the area, to discover that she had a stillbirth baby, in addition to a broken arm. “I did not feel anything as the shrapnel sliced through my arm but I did feel like a knife entered my body and cut the baby inside my body into small fragments,” said Mariam, 30, to the UNFPA team who visited the hospital where Mariam is being treated. UNFPA’s visit to Al Hasakah was the first United Nations team to reach the city in the past year because of the security situation.

When the team met her, doctors had already performed the orthopedic surgery and were preparing Mariam for the gynaecological procedure to remove the fetus. She was also referred to one of UNFPA’s NGO partners in this remote governorate to receive further psychosocial support and necessary assistance.

In Al Hasakah, many women in Mariam’s situation do not have the same access to necessary care and treatment. “The governorate has been in siege for a long time, with no surface transportation access, while the air transport is limited and very expensive” the director of health noted. “We need everything.”

With the support of the European Commission Humanitarian Office (ECHO), UNFPA has now started the implementation of a project to reach women with lifesaving reproductive health and gender based violence services. The project is being implemented in cooperation with five local NGOs to work throughout mobile teams, primary health clinics and two hospitals, one of them is Al Hasakah national hospital, where Mariam is being treated.

*Name changed to protect identity.*
Say #IDONT to fight child marriage this Valentine’s Day

Standing several inches shy of her middle-aged groom’s shoulder, the 12-year-old bride, outfitted in a child-size white wedding gown and veil, stiffly clutches a small bouquet, as a photographer snaps the newlyweds’ photo and the sun begins to set over a picturesque waterfront walkway in Beirut.

“I was jogging, but my feet froze when I saw her,” says one aghast onlooker, her voice cracking, in a video of the scene that has garnered nearly two million views on YouTube. “Her parents are criminals,” shouts another, after the gray-haired groom informs the small crowd forming around the photo shoot that the young bride’s parents consented to the union. However, several other passers-by approvingly congratulated the man before continuing on their way. But all is not as it seems to the crowd. The bride and groom are actors. The photo shoot was staged by the organization kAFA (Enough Violence & Exploitation), Lebanon, as part of its UNFPA-supported campaign to stop child marriage in the country. But though fictitious, the scenario reflects an all-too-common reality. Globally, 1 in 3 girls living in low- and middle-income countries marry before turning 18, and almost one-third of these before their 15th birthday, according to UNFPA estimates.

Kafa means "enough" in Arabic, and this Valentine’s Day UNFPA is calling supporters of women’s and children’s human rights worldwide to also say they’ve had enough of child marriage by posting #IDONT online. See more at: http://www.unfpa.org/news/say-idont-fight-child-marriage-valentines-day#sthash.5jZc25i9.dpuf
During the month, UNFPA through the IMPR humanitarian’s psychologist at the women’s community centre in Hayati Harran, Turkey, conducted focus group discussions with beneficiaries to discuss the importance of mental health services. They also conducted educational sessions in Sanliurfa on the importance of psychological counseling.

The case management team at the women’s community centre in Gaziantep has registered 658 individuals from 132 newly arrived families between 18 January and 19 February 2016. During the registration, the case management team disseminated vital information to help beneficiaries learn their rights and to tell them about services from which they can benefit.

Quotes from beneficiary satisfaction survey conducted in December 2015

“I always wanted to get married early, but after learning about the negative consequences of early pregnancy, including psychological challenges and potential death during child birth, I have changed my mind. I will get married after I am 18,” a young girl in Zaatari camp, in Jordan.

“I always thought that only men have the right to go out and work but after becoming more aware of this at the youth centre, I understood women could work as well,” A Syrian young girl, Zaatari camp, Jordan.

“We feel more empowered and skilled from the activities at the center,” a Syrian young women in Zaatarai camp. “We learn how to make so many things in the center that we cannot afford to buy,” a Syrian young women in Azraq camp in Jordan.

“Being at the centre allowed me to look at the brighter side of life and helped me become more positive,” a Syrian young women in Deir Alla in Jordan.
SUPPORTING ADOLESCENTS AND YOUTH

TURKEY

ACTIVITIES  600 Syrian young people in Hatay

AWARENESS SESSIONS  276 Syrian young people in Hatay

TRAINING  420 Syrian young people in Hatay

LEBANON

ACTIVITIES  147 Syrian young people

JORDAN

ACTIVITIES (including self-reliance, vocational training, life skills and other activities related to reproductive health and gender-based violence)  1,247 Syrian and Jordanian youth in camps and host communities

TRAINING  364 Syrian and Jordanian youth in camps and host communities

IRAQ

ACTIVITIES (including drawing, music, basketball, volleyball, soccer, handcraft, body building and computer, in addition to weekly awareness session on early marriage and family planning)  390 Syrian young people

TRAINING  40 Syrian young people

EGYPT

ACTIVITIES  80 Syrian young people

UNFPA-SUPPORTED FACILITIES

Number of women’s spaces

LEBANON  5
JORDAN  19
IRAQ  10
EGYPT  5
TURKEY  7

Number of field reproductive health clinics or mobile teams

JORDAN  24
(14 in host communities, 10 in camps)
IRAQ  20
(11 in host communities, 9 in camps)
EGYPT  5
TURKEY  3

Number of youth centres

LEBANON  5
JORDAN  1
IRAQ  3
EGYPT  12
TURKEY  2

Four creativity fund projects are currently in the implementation phase at the UNFPA/Questscope youth centre in Zaatari camp in Jordan. Questscope volunteers have conducted four sessions on safe parenting to date as part of the ‘Baby Carriers project’; seven murals have been painted as part of the ‘Caravan Art Project’; eight youth with physical disabilities have been engaged at the centre via the ‘Hand in Hand Project’; and two reproductive health awareness sessions have been conducted in the community as part of the ‘Public Health’ training project. In total, these projects have benefited over 200 residents of Zaatari camp. Additionally, the projects have increased the visibility and outreach of the centres, interesting more young people in the opportunities provided.
STORIES FROM SYRIAN REFUGEES | JORDAN AND TURKEY

Mahmoud in Cyber City camp, Jordan

With a very heavy heart, Mahmoud arrived to Cyber City camp in October 2012 along with his family. It pained him immensely to leave his home country, Syria. Mahmoud remained gloomy and desolate and would not interact with other refugees. He began leading a very cautious and isolated life. Caseworkers in the UNFPA-supported centre identified Mahmoud to be in need of psychosocial services. He began seeing a psychological specialist regularly at the centre. Gradually Mahmoud began to open up and started expressing his emotions and resentment at the situation back in Syria.

Mahmoud expressed his love for art, including paintings and sculptures, and he resented the omission of all types of art from his current life. He said he loved to paint and desired to paint and draw. He was provided with the necessary art material and he began painting. Mahmoud began to convey his emotions via his artwork. Over time he started working as a volunteer for art activities in the UNFPA-supported centre. Mahmoud also enrolled in teamwork activities and he gradually began interacting with more refugees. Currently, Mahmoud provides support to other refugees in the camp by leading art sessions with the support of his supervisor. About his experience Mahmoud reflects, “I am glad I have become a person who has learned to value himself. I love the art activities at the UNFPA centre and like inspiring others with art work.”

Raghib in Zaatari camp, Jordan

Raghib came to Zaatari camp over two years ago and has been living with his parents, two brothers and one sister. Raghib has a physical disability in one foot, which was caused by medical neglect when he was in Syria. One nurse who was treating him neglected to treat the condition until it worsened and became a permanent disability. Raghib harbors some resentment and hostility as a result of this incident, both towards the nurse and others around him. This manifests itself as social isolation and aggression towards his community. He had very few friends in the camp, mainly because he often felt inferior to his peers because of his physical disability; he is known in the camp for his aggressive behavior.

Raghib came to the youth centre and began participating in the mentoring program. Raghib’s mentor mentioned that after many weeks of participating in individual and group psychosocial support activities he was able to “help [Raghib] to be an active member of his community and a leader among his peers; he enrolled in music, art and sports activities at the center.”

Gradually Raghib began to trust other youth around him at the center. Now he is an active member of the Questscope community, has developed stronger relationships with his peers, and has become a committed participant in activities. The leadership skills he has gained through his work at the center have helped him to overcome feelings of inferiority relating to his disability. Now he feels he can have valuable contributions in a group setting and his sense of isolation has diminished.

Rima in Turkey

Rima is a 24-year-old Syrian girl from Aleppo. Rima was studying in the university when she had to leave Syria due to the conflict and move to Turkey two years ago. Rima and her brothers and sisters families came to Turkey illegally and decided to live in Sanliurfa city because there is a large population of the Syrians there. Fortunately, Rima found a house close to the UNFPA-supported IMPR humanitarian women’s community centre. Rima learnt about the centre and enrolled in a language course there. She said, “When I arrived here, I was constantly crying because I lost my friends and I missed my mother. I felt that I am a stranger, not able to mingle with new friends due to the barrier of the Turkish language.” The centre creates the atmosphere of the family that she misses, and Rima says that she is lucky because she found the centre where she has a new family and a lot of friends to help her to be strong and to overcome the difficulties that she may face.

Name changed to preserve identity.

COORDINATION & CAPACITY BUILDING

SYRIAN ARAB REPUBLIC

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

UNFPA met with representatives from ECHO, the European Union, and Spain to discuss the on-going project supporting reproductive health and gender-based violence services in Al Hasakah and Hama.


The UNFPA hub in Homs entered into partnership with WFP to assist pregnant and lactating women with nutritional supplements. As such, in February 2016 around 80 women were supported with services.

In collaboration with OCHA and facilitated by the GenCap, UNFPA and the gender-based violence sub-cluster in Turkey organized two protection from sexual exploitation and abuse training sessions for senior staff and 58 human resource officers.

The dignity kits guidance note developed by the gender-based violence sub-cluster was officially launched in Arabic and English and is now available on the STIMA website https://www.humanitarianresponse.info/en/operations/stima/gender-based-violence

The protection online service mapping tool was launched, and gender-based violence sub-cluster members working in Syria from Turkey are currently uploading services-related information, which will be used for the development of gender-based violence referral pathways.

The reproductive health sub-group working in Syria from Turkey finalized the terms of reference and proposed priorities to be included in the annual work plan, and also elected a reproductive health sub-group co-lead.

A delegation from the cross-border operation met in Istanbul with the United Nations Special Rapporteur on the Right to Health. UNFPA highlighted how the conflict is impacting on access to health for...
women and girls, as well as gender-based violence survivors, bringing forward priorities of the reproductive health sub-group and GBV sub-cluster.

TURKEY

Coordination meetings have been extended to other cities, not only in the southeastern Turkey, but also in the western region of Turkey. Such meetings are expected to increase the efficiency of the programming provided by I/NGOs and United Nations agencies.

The gender-based violence working group meeting took place in Ankara with the participation of Ministry of Family and Social Policies, UNHCR and UNFPA, AFAD (The Disaster and Emergency Management Authority).

UNFPA, through its partner, IMPR, attended the UNHCR sector’s working group meetings in Gaziantep and led the NGO coordination meeting in Sanliurfa.

LEBANON

The annual national gender-based violence task force retreat took place to define agreed-upon operational priorities and workplan for the SGBV sector in 2016. The meeting was led by UNHCR and co-led by UNFPA, in the presence of the Ministry of Social Affairs.

The clinical management of rape (CMR) task force meeting led by UNFPA, discussed preparing for the national consultative workshop on CMR services and to plan for capacity building initiatives.

Field meetings were held throughout the month to analyze the yearly data and to produce a gender-based violence information management system (GBV IMS) report that will support informed programming and advocacy. The GBV IMS global team arrived in Lebanon for a two-week mission. The objectives of the mission were to mentor seven trainers and to support three GBV IMS trainings and the annual revision workshop for the information standard protocol.

JORDAN

UNFPA continued to actively participate in the protection working group, gender-based violence sub-working group, reproductive health sub-working group and inter-sectoral working groups. The working groups are in the process of finalizing the work plans for 2016 and prioritization of interventions. The protection working group is also actively working on development of advocacy messages.

UNFPA co-chaired the youth task force in Zaatari camp. The task force has been working on updating the action plan for the year, revising the terms of reference for the group, and creating a schedule for the year for field exchanges between staff and volunteer youth.

IRAQ

The gender-based violence working group coordinator retreat took place with the participation of all coordinators at the governorate level. A new gender-based violence sub-cluster structure was endorsed and lessons across governorates were shared, while, UNFPA and UNICEF worked to come up with common/harmonised gender-based violence messages.

UNFPA on behalf of the health cluster and gender-based violence sub-cluster, is leading the support to Iraq Government to develop a protocol on clinical management of sexual assault.

SYRIAN ARAB REPUBLIC

Limited donor resources and their preference to support local NGOs versus government institutions are affecting the ability of UNFPA to expand the humanitarian response programmes.

Monitoring of the humanitarian response is a challenge where the movement of humanitarian workers is subject to evolving security conditions on the ground.

Beneficiaries access to services is still a challenge in many areas due to the deteriorating security situation, restriction of movement, lack of transportation and border crossing constraints.

The new arrangements for a cease-fire that started on 27 February entails UNFPA to reach out to many hard-to-reach and besieged areas. This is not always possible because of resource constraints and limited field presence.

Monitoring of the humanitarian response is challenging due to limited capacity of implementing partners as well as the limited access to the affected areas due to security conditions.

The UNFPA supported hospital and maternity clinic in Saida, Dara’a hit on 9 February 2016 by airstrikes that caused significant damage to the hospital infrastructure and medical equipment, resulting in minor injuries to two staff nurses and minor injuries to some patients. The hospital is closed until further security updates are received.

Shortage of medication and consumables in UNFPA-supported clinics in southern Syria caused by delay in shipment due to the security situation at the border between Syria and Jordan.

The situation at the ‘berm’ (on the eastern border of Syria and Jordan) continues to pose a serious challenge, constituting a serious humanitarian situation. Reports estimate the number of refugees stranded at the berm to have reached 16,000 in February. According to an interagency census conducted in January 2016, on average 40-50 people are arriving each day at the berm. Over 50 percent consist of women, while 59 percent are under the age of 18.

Current changes in the security situation on the ground have resulted in a new wave of displacement and increased the needs of internally displaced persons in many areas of Syria. The unstable situation has also resulted in some services receiving less beneficiaries and there is a need to look at alternative methods of service delivery.

TURKEY

Difficulties are being encountered in recruiting qualified health and social workers due to high hiring prices and language barriers.

The economic conditions of Syrian refugees make it difficult for them to reach or access many of the programmes set up for their benefit.

IRAQ

There is a continuing lack of resources to sustain the on-going programmes.

EGYPT

Refugees are scattered over large urban areas in Egypt, making it challenging for most aid agencies to extend support to them. Moreover, since the population is still on the move, the allocation and provision of services continue to be difficult.
“I have participated in the macrame training supported by UNFPA. I am proud of what my hands can do now. I sold two small purses and I am so excited,” a Syrian refugee benefiting from UNFPA-supported training courses in one of the women’s centres in Lebanon.

Credit: UNFPA, 2016

The United States of America
Turkey: $2.6 million
Lebanon: $1.4 million
Jordan: $1.8 million
Iraq: $800,000
Egypt: $200,000

European Commission
Syria: $2,185,792
Turkey: $1,639,344
Jordan: $4,371,585
Egypt: $437,158

UNFPA is grateful to its funding partners for their ongoing support for reproductive health, gender-based violence and youth programmes.

CONTACT INFORMATION

Daniel Baker,
UNFPA Syria Regional Response Advisor
baker@unfpa.org
+962797225829

Ruba Hikmat,
UNFPA Syria Regional Communications & Media Specialist
hikmat@unfpa.org
+962795096366

RELEVANT RESOURCES

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