



United Nations Population Fund / Syria
صندوق الأمم المتحدة للسكان / سورية

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Humanitarian Response to the Humanitarian Needs in Dara'a

Flash Update # 2



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Situation Overview

Ground clashes and artillery shelling continued across parts of Dara'a governorate, in particular Dara'a Al-Balad. Military reinforcements have been reported around Tafas, Umm Al-Mayathen Saida towns and the M5. There are reportedly ongoing attempts among the parties to reach an agreement, however, no consensus has been reached at the time of reporting.

Over 38,600 IDPs are officially registered by SARC in and around Dara'a city, over 90% of which are women and children. About 1,500 IDPs reside in six collective shelters. However, informal reports indicated that as many as 45,000 people may have been displaced from Dara'a al-Balad¹.

Access to life-saving sexual and reproductive health (SRH) services and the ability to respond to gender-based violence (GBV) continue to be severely disrupted due to the ongoing hostilities in Dara'a at a time when women and girls need these services most.

¹ OCHA Flashupdate 23 August, 2021



Immediate Response

From the start of the current humanitarian response to Dara'a until the 25th of August 2021, UNFPA and its implementing partner (IPs) provided 3,137 RH services, 56 PSS services and distributed 306 sanitary napkins and 555 dignity kits.

Protecting Women and Girls and mitigating risks of Gender Based Violence

- UNFPA, through its implementing partners (IPs), continued to provide GBV prevention and response services to the displaced people in shelters in coordination with the governorate and through the integrated RH and GBV Mobile Teams (MTs).
- During the reporting period, UNFPA IPs provided support to the newly displaced families in Moussa Ibn Noussair and Abdulrahman Ibn Ouf Mosques and Alnitaqen and Hateen Schools (the collective shelters) through RH/GBV Mobile Teams, distributing 325 Dignity Kits² (DK) (100 Adolescent Dignity Kits (ADKs), 95 Male Dignity Kits (MDKs) and 130 Female Dignity Kits (FDKs)), and supporting referrals to the UNFPA-supported RH static clinic in Dara'a city for additional services.

Access to Reproductive Health

- UNFPA-supported integrated RH and GBV MT continued the provision of primary health care services to the IDPs in the collective shelters in Dara'a. Those services included antenatal care, postnatal care, neonatal care, and referral to advance services to the UNFPA-supported static clinics in Dara'a city.
- As of 25 August, 2021, a total of 3,137 RH services were provided, reaching 700 beneficiaries.
- During the reporting period a pregnant woman was referred and transferred by the UNFPA-supported Mobile Team (MT) to the national hospital in Dara'a to have a C-section. The medical staff of the integrated MT has been following up on the situation of the woman and her newborn in the shelter, providing her with all the medical care she needs, including postnatal and neonatal care for her baby. [\(more on this can be found on page 4 under Special Feature\)](#)

Young People

Planned interventions targeting young people were still largely affected with the recent hostilities and shall be resumed once the situation on the ground allows resumption of the activities.

² UNFPA standard dignity kit items



Next in response

UNFPA will continue to provide RH, GBV prevention services and response interventions to the affected population, especially women of reproductive age and adolescent girls in Dara'a, taking into consideration the updated needs of hygiene, referral to specialised services. Services will include:

- Provision of PSS and case management services to women and girls, including survivors of GBV.
- Distribution of dignity kits to the affected population and information dissemination including on existing GBV services and referral systems.
- Remote coaching to GBV case managers.

Provision of reproductive health care services including antenatal care, postnatal neonatal care, treatment and care for infectious diseases, and all needed family planning counselling and methods.

- Distribution of sanitary napkins during counselling on RH services with midwives and awareness sessions inside shelters regarding menstrual hygiene management.

UNFPA will work in cooperation with its national partners and the Directorate of Health in Dara'a to ensure RH/GBV needs are included in response plans for Dara'a.

Challenges

- The humanitarian community continues to advocate with all parties to facilitate the rapid and unimpeded passage of humanitarian assistance, including goods and services, to all affected areas and communities, including Dara'a Al-Balad.
- The lack of sufficient warehouse space in the city of Dara'a imposes a challenge in regard to prepositioning dignity kits and other commodities. UNFPA is relying on a limited-capacity warehouse.
- Difficulty in identifying and accessing the locations of the IDPs who have found refuge in places other than the designated shelters.





“Every Childbirth Is Safe”

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“Our mission is to deliver a world where every pregnancy is wanted, every childbirth is safe and every young person's potential is fulfilled” UNFPA.

Due to the recent hostilities in Dara'a Najwa^{ban}, a 28-year-old-married-woman, was displaced from Daraa Al-Balad, along with her 5 children and husband, while 9-month- pregnant with her sixth child.

On August 13, 2021, the UNFPA-supported mobile team, run by UNFPA partner Syrian Family Planning Association (SFPA), met Najwa during the mobile team's visit to the collective shelter for displaced people. On that day, Najwa was in labor and needed a cesarean section to immediately deliver her child safely. The mobile team transferred Najwa to the national hospital in Dara'a where she safely gave birth to her baby boy.

Once Najwa received all the medical care she needed, the mobile team transferred her and her newborn back to the collective shelter, providing her and her newborn with the necessary post-natal care.

Every two minutes, a woman dies giving birth. That is 830 women every day. Most could have been saved. Maternal deaths are not evenly distributed around the world. Over halves of maternal death occur in countries affected by humanitarian crisis or fragility. During crises and conflicts, women do not stop giving birth. Pregnant women risk life-threatening complications without access to delivery and emergency obstetric care services. Access to these services is life-saving and a right of every woman. UNFPA, along with its partners, continues to work and advocate to achieve zero maternal mortality, even during crises and conflicts.

Najwa: name has been changed to protect confidentiality.



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