



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

HIGHLIGHTS

SYRIAN ARAB REPUBLIC: UNFPA provides reproductive health vouchers to 4,700 women in Damascus, Rural Damascus, Homs, Hama and Sweida and provides hygiene items to 13,600 women and men in Adraa, Deir Attieh, Jdaydet al-Shebani, and Ghezlaniye.

LEBANON: UNFPA establishes a women's listening and counseling center in Bekaa. UNFPA delivers 54 reproductive health kits to 18 social development centres in Bekaa, Mount Lebanon and South.

JORDAN: UNFPA provides gender-based violence prevention and response services to 814 women and girls in Zaatari camp and in Amman and reaches 7,283 individuals through home-to-home visits in Zaatari camp by 24 UNFPA community outreach volunteers.

IRAQ: UNFPA establishes basketball and volleyball courts in the Domiz refugee camp. A total of 260 young women and men benefit from the activities of the UNFPA youth space while 414 women and girls participate in gender-based violence awareness activities in Domiz, Kawarosek and Darashakran camps.

TURKEY: UNFPA takes part in the Helping the Helpers training programme, module number three, for Syrian teachers in Nizip1 camp.

EGYPT: UNFPA participates in different inter-sectoral meetings to enhance health services delivered to Syrian refugees, including development of the primary health care centres, and planning for 2014.

HUMANITARIAN SITUATION

Syria has now generated the world's largest humanitarian crisis, with more than 9.3 million people directly affected by the war in Syria and with over two million refugees, of which around 25 per cent are women and girls of reproductive age, 50,000 of whom are pregnant. The number of people in need and displaced are increasing rapidly with many of them beyond the reach of humanitarian aid. Many of the affected people are suffering economic and emotional problems. The refugees are placing a strain on communities, infrastructure and services in the host countries.

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

SYRIAN ARAB REPUBLIC

Tens of thousands of Palestinian refugees and displaced Syrians, the majority of whom are women, children and elderly people, are trapped in the besieged Yarmouk Camp in southern Damascus city. The increased violence in Rural Damascus, especially Adraa, Aleppo, Raqqa and Deir Ez-zor, has resulted in an increased number of affected and displaced people with sporadic or no access to health services. The burden placed by the displaced people on social services infrastructure, including health facilities, is beyond the capacity of host communities to cope with. The in-fighting between opposition groups in Rural Aleppo and the northern governorates continues to contribute to the problems of access and jeopardizes the safety of the humanitarian actors on the ground.

Based on the informal feedback received from implementing partners, there is anecdotal evidence on the increase of the number of gender-based violence incidents in "hot spot" areas and among internally displaced people in the communities. There are increased needs for reproductive health commodities, including medical equipment and supplies and contraceptives. Dropout rates among youth volunteers in UNFPA-supported programmes are increasing due to security concerns and consequent poor economic conditions. The income generated by reproductive health staff through the implementation of UNFPA-supported programmes is maintaining the specialized reproductive health staff in hospitals and increasing staff retention rates. The Ministry of Higher Education's Obstetric and Gynecological University Hospital in Damascus has reported an increase of 10 per cent in utilization of UNFPA-supported emergency obstetric care services, due to its safe location in the city and the improved quality of services provided.



UNFPA provides lifesaving reproductive health services in Damascus. Credit: UNFPA, 2014.

LEBANON

As of 2 January 2014, the total number of Syrian refugees registered with UNHCR is 860,150, out of which 52,160 refugees are awaiting registration, with an average of 50,000 persons being registered each month. The total number of Syrian refugees living in Bekaa - which is considered the most affected area in Lebanon - is 280,940 registered refugees. Refugees are facing harsh winter weather conditions as most had to flee with no possessions; around 80 per cent of the winterization response in terms of providing weather-proof shelter units within informal settlements and completing unfinished houses has been achieved.

The security situation continues to be tense in most of the areas where there is a large Syrian refugee presence, such as Tripoli in the North as well as in Bekaa. Sporadic shelling from Syrian border areas into Lebanese territory continues to be reported almost on a daily basis, with one attack claiming the lives of 14 Syrian refugees in a village. The deteriorating security conditions were intensified in January, including two explosions that rocked Beirut's southern suburbs on 2 and 21 January, in addition to a suicide bomb explosion in Hermel (Bekaa) on 16 January, which affected the humanitarian movement to and from the North and Bekaa areas, including UNFPA, as staff were compelled to reschedule field missions.

Following government approval, collective shelter capacity countrywide will be augmented with a maximum of 20 temporary shelter units in the vicinity of the collective shelters. The Aarsal formal tented settlements have already received temporary shelters to replace tents.

JORDAN

A total of 582,166 Syrian refugees are now registered in Jordan as of 19 January 2014, compared to 569,003 on 20 December 2013. The demographic breakdown remains the same, with 52 per cent of refugees being female, including 7 per cent of girls between the ages of 12 and 17 and 24 per cent of women between the ages of 18-58.

Raba Al Sarhan, the joint Government-UNHCR registration centre, opened on 29 December 2013. The Government of Jordan is now registering Syrian refugees using iris scan technology using new joint service cards. The validity of the registration certificate of UNHCR has been extended from 6-12 months.

AT A GLANCE:

In Syria Arab Republic

9.3 MILLION PEOPLE AFFECTED
2.3 MILLION WOMEN AND GIRLS OF REPRODUCTIVE (CHILD-BEARING) AGE
164,610 PREGNANT WOMEN

In Jordan

582,166 REFUGEES
143,980 WOMEN AND GIRLS OF REPRODUCTIVE (CHILD-BEARING) AGE
10,304 PREGNANT WOMEN

In Turkey

700,000 REFUGEES
175,000 WOMEN AND GIRLS OF REPRODUCTIVE (CHILD-BEARING) AGE
13,629 PREGNANT WOMEN

In Lebanon

860,150 REFUGEES
197,220 WOMEN AND GIRLS OF REPRODUCTIVE (CHILD-BEARING) AGE
15,224 PREGNANT WOMEN

In Iraq

217,144 REFUGEES
38,879 WOMEN AND GIRLS OF REPRODUCTIVE (CHILD-BEARING) AGE
3,843 PREGNANT WOMEN

In Egypt

133,023 REFUGEES
33,020 WOMEN AND GIRLS OF REPRODUCTIVE (CHILD-BEARING) AGE
2,354 PREGNANT WOMEN

SOURCE:
 AFAD, UNHCR AND UNFPA, DEC 2014

IRAQ

The total number of Syrian refugees in Iraq is 217,144; almost 97 per cent are concentrated in the three governorates in the northern part of Iraq - Duhok, Erbil and Suleimaniyah.

The border between the Syrian Arab Republic and the Kurdistan Region in Iraq remains partially open. The overall security situation in Iraq is rapidly changing, with relative stability in the north and a very volatile situation in the south with a major military offensive taking place in Al-Anbar Governorate.

The ongoing violence in Anbar has forced more than 20,000 families out of their homes into areas inside Al-Anbar as well as in other Iraqi governorates, including Kurdistan, where a transit camp was set up in the area of Bahirka north of Erbil.

The ongoing influx of Syrian refugees is estimated at 300 refugees daily, which has required the authorities to establish a new camp close to Domiz camp under the name of Domiz II.

Providing services to the out-of-camp population is still a priority: services are provided by the Departments of Health and of Labor and Social Affairs with the support of UNFPA and other United Nations agencies.

TURKEY

According to the Prime Ministry's Disaster and Emergency Management Presidency (AFAD), the total number of registered Syrian refugees inside camps reached 210,358, distributed in 15 camp sites in Hatay, Sanliurfa, Gaziantep, Kahramanmaraş, Osmaniye, Mardin, Adana, and Adiyaman provinces, and six container sites in Hatay, Malatya, Sanliurfa, Gaziantep and Kilis. During the reporting period, 127 Syrian refugees have been admitted to regional hospitals along with their 11 companions. Moreover, there are an estimated 500,000 Syrians living outside of camps in cities in the south-eastern region and in the major cities in Turkey.

EGYPT

There are 133,023 Syrian refugees in Egypt, of which 48.8 per cent are female.

HUMANITARIAN RESPONSE (1 - 31 JANUARY 2014)

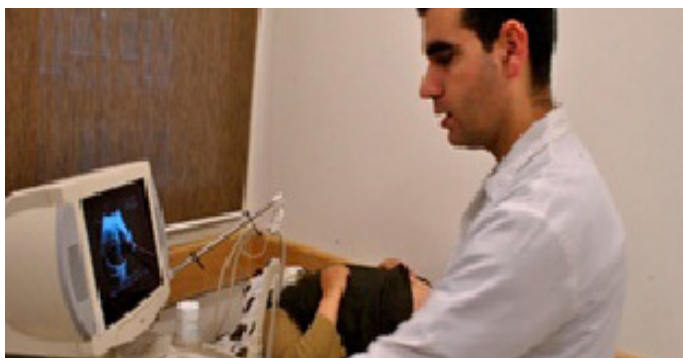
SEXUAL AND REPRODUCTIVE HEALTH, INCLUDING FAMILY PLANNING

SYRIAN ARAB REPUBLIC

Reproductive health voucher programme: UNFPA, through its implementing partners in Damascus, Rural Damascus, Homs, Hama and Sweida, provided reproductive health vouchers to 4,700 women enabling them to receive reproductive health services free of charge, including emergency obstetric care service for 2,500 women and safe delivery service for 620 women.

Reproductive health supplies: UNFPA, through the United Nations joint convoys, provided reproductive health kits and supplies to support the safe delivery of 1,300 women in Deir Attieh and Jdaydet al-Shebani.

Operational research and assessments: UNFPA finalized and discussed with its implementing partners the findings of the five operational research studies to assess the humanitarian response in UNFPA key intervention areas: the implications of the crisis on reproductive health professionals; an assessment of the quality of emergency obstetric care (EmOC) at UNFPA-assisted facilities; an assessment of the services of UNFPA-assisted mobile teams; the lessons learned on the use of reproductive health vouchers; and an assessment of the quality of psychosocial support services (PSS) and psychological first aid (PFA) training sessions.



UNFPA provides emergency obstetric care for internal displaced woman through the reproductive health voucher system in Damascus. Credit: UNFPA, 2014.

LEBANON

Provision of reproductive health supplies: In collaboration with the Ministry of Social Affairs, UNFPA delivered 54 reproductive health kits to 18 social development centres in Bekaa, Mount Lebanon and South. Each centre received three reproductive health kits including contraceptive supplies and sexually transmitted infection kits.

UNFPA provided a rape treatment kit to Médecins Sans Frontières-Belgium clinics in the South, following the sensitization session that took place for physicians who are responsible for offering clinical management of rape services to survivors.

JORDAN

Supporting the safe delivery of new babies: During the reporting period, a total of 100 babies were born at the Zaatari clinic and 87 complicated cases were referred to the Mafraq, Moroccan and Al Bashir hospitals; the high number of referrals was due to continuous power cuts in Zaatari camp.

Supporting human resources: UNFPA expanded the services in the Institute for Family Health (IFH) clinic by recruiting two gynaecologists and one full-time vaccination nurse to provide vaccination services, family planning sensitization and referral for family planning services. Moreover, UNFPA has recruited a new gynaecologist and one reproductive health educator at the IFH-UNFPA clinic in the Emirates Jordan Camp.

UNFPA through the International Medical Corps (IMC) conducted focus groups and in-depth interviews with a total of 554 participants in 30 sites in Irbid, Ajloun, Jerash, Mafraq, Zarqa, Balqa, Amman, Madaba, and Ma'an. The initial findings revealed that there is a significant gap in the provision of reproductive health and maternal and child health services and in the availability of gynaecological services.



Doctor providing reproductive health services in the Cyber City refugee camp, Jordan. Credit, UNFPA 2014.

IRAQ

Reproductive health services: An increase in the number of post-natal care visits was observed in Domiz camp compared to the previous month as a consequence of the outreach activities conducted and instruction given through antenatal care services. Between 15 December and 15 January, UNFPA provided reproductive health services to 2,200 Syrian women in the UNFPA reproductive health clinic in Domiz camp.

The clinics in Darashakram and Kawergosek camps are providing reproductive health services, including family planning to an average of 30 women per day. The UNFPA midwife and gynaecologist in Arbat camp started providing reproductive health services to women in that camp.

Supporting the safe delivery of new babies: A total of 42 women from Domiz camp were referred for delivery: 12 of them had Caesarean-sections while 30 had normal deliveries. The health staff in Domiz reproductive health clinic successfully managed the emergency delivery of two pregnant women who arrived late to the clinic.

GENDER EQUALITY AND WOMEN'S EMPOWERMENT

SYRIAN ARAB REPUBLIC

Gender-based violence services: Gender-based violence screening and counseling services were provided for around 780 women through the clinics of UNFPA's partners, the Syrian Family Planning Association, in Damascus and Rural Damascus. More than 520 women were provided with psychological first aid and psychosocial support services, and 80 gender-based violence survivors received medical counseling, community services and social and legal advice.

Enhancing the protection elements of affected families in the most affected areas: UNFPA, through the joint United Nations convoys, delivered hygiene items to 13,600 women and men in Adraa, Deir Attieh, Jdaydet al-Shebani, and Ghezlaniye, and 400 quilts to families.



UNFPA delivers dignity kits to people in the most affected areas in Rural Damascus. Credit: UNFPA, 2014.

LEBANON

Distribution of informational materials on gender-based violence: UNFPA provided 1,530 leaflets and 67,250 community brochures on gender-based violence referral pathways to UNHCR, UNICEF, International Federation of Red Cross, International Committee of the Red Cross, Danish Refugee Council, International Red Crescent, World Vision and Medecins du Monde to be distributed to Syrian refugees by their trained staff through outreach activities.

Gender-based violence supplies: UNFPA distributed 1,000 sanitary pads and 1,000 diapers for babies through INTERSOS.

A rapid assessment of the women's empowerment project supported by UNFPA on problem solving and basic life skills package was conducted at the Women's Charity League and Dari Association. The assessments included interviews with project staff in the two NGOs, social workers, and women beneficiaries. The outcome of the assessment will be used to form the basis for further and new collaborations.

Listening and counseling centre: UNFPA established a new listening and counseling centre for refugee women and women in host communities in Marj in the Bekaa. The centre will be run by a national NGO, Enough Violence and Exploitation (KAFA), specializing in gender-based violence and women's empowerment.

The gender-based violence data for September – December 2013 was finalized. During the first four months of the national data collecting, trends show that more than 85 per cent of GBV survivors reporting cases were girls and women, and 30 percent were children. Twenty-two per cent of the reported cases related to sexual violence (rape 9.5 per cent, sexual assault 12.5 per cent), 43 percent are physical assaults, 19 per cent were psychological, emotional abuse, 7.5 per cent were forced marriages, and denial of resources, opportunities or services constituted 8.5 per cent.

JORDAN

Gender-based violence prevention and response services: More than 502 women and girls in Zaatari camp and 312 beneficiaries in UNFPA-supported clinics in Amman, Hittin, Zarqa and Ajlun benefited from gender-based violence prevention and response services, including reproductive health group and individual counseling, recreational psychosocial activities, gender-based violence awareness-raising activities, reproductive health awareness-raising activities, alphabetization, literacy, and life skills trainings.

Outreach community activities: A total of 7,283 individuals have been reached through home-to-home visits in Zaatari camp by 24 community outreach volunteers (12 men and 12 women) and other workers from the International Red Crescent.

National standard operating procedures (SOPs) rollout: As part of inter-agency project to support the rollout of SOPs, approximately 30 members of the education working group (13 men, 17 women) have been introduced to the SOPs and methods for addressing gender-based violence.

IRAQ

Gender-based violence services: In Domiz camp, the women's safe space maintained its services, including listening and counseling. During the reporting period, a total of 81 women and girls of reproductive age visited the centre, of which 11 gender-based violence cases were identified.

In Erbil camps, including Kawargosek, Darashakran and Basirma, a total of 90 women and girls of reproductive age were received in the respective centres, 12 psychosocial cases were assisted, 17 gender-based violence cases were identified, including four cases of early marriage, and 12 young girls visited the centres for other needs.

In non-camp settings, such as Bahramand, Razhan and Kasnazan cities in Erbil, it has proved challenging to attract women refugees who are scattered within the city. During the reporting period, four gender-based violence cases visited the centres, assisted by UNFPA social workers, who referred them to appropriate services.



Youth in Domiz camp participating in a session organized by UNFPA on GBV awareness, Domiz camp, Iraq. Credit: UNFPA, 2014

Gender-based violence awareness: In Domiz camp, a total of 149 women and girls benefited from nine recreational sessions organized by the women's centre and 597 families have been reached through the sensitization campaigns on gender-based violence and reproductive health-related issues.

In Erbil camps, including Kawargosek, Darashakran and Basirma, around 265 women and girls participated in 21 awareness raising sessions organized by UNFPA as follows: 139 women participated in seven formal information sessions on gender-based violence and reproductive health while 872 families were reached through tent-to-tent visits by the UNFPA outreach volunteers.



Needs assessment of women refugees with the participation of outreach volunteers of Domiz camp. Credit: UNFPA, 2014.

Turkey

The Woman's Status General Directorate (WSGD) and gender-based violence humanitarian teams conducted on 3 January the last training module of "Helping the Helpers" in Nizip1 camp for Syrian teachers, and distributed certificates for all participants who have completed the three-module training courses.

UNFPA participated in mapping active humanitarian NGOs specializing in gender-based violence and reproductive health and developed a joint action plan for 2014.

SUPPORTING ADOLESCENTS AND YOUTH

LEBANON

Joint youth assessment: The first draft of the rapid assessment of the situation of young Syrian refugees and of youth in hosting communities across Lebanon was prepared. A meeting took place on 27 January with the consultancy team to discuss the findings and modalities of disseminating the report.

Interventions targeting youth affected by the Syrian crisis for healthier and more active youth, including Syrians and Palestinian refugees from Syria as well as Lebanese youth from the host communities: During the reporting period, a total of 32 teachers and 2,520 youth participated in 364 sessions conducted in 80 classrooms at 19 schools: Aley (135), Jounieh (98), Chiyah (54), Saïda (41) and Borj Hammoud (36).

During the month of January, under the better parenting component of the project, 40 sessions were implemented, reaching 182 newly recruited women, bringing the total number since December 2013 to 409 women benefiting from the better parenting sessions delivered by the trained social workers.

Y-Peer outreach: A graduation ceremony for 70 Y-PEER youth was organized on 18 January by Makassed Association, a partner NGO that participated in the youth outreach programme on adolescent sexual and reproductive health in 2013. A small documentary was produced by the NGO showcasing concrete results of the project, including outreach to Syrian refugees.

Rapid appraisal of UNFPA-supported interventions. UNFPA organized an end-of-project meeting on 3 January with the implementing partners to discuss the achievements, challenges, and way forward for the "Youth Affected by the Syrian Humanitarian Crisis: Healthy and Active".

JORDAN

A total of 393 youth (183 and 109 boys) benefited from the 22 sessions that took place in the host community and other camps. The sessions covered the following topics: decision making, violence in society and its role in our lives, getting rid of anger, who am I, aims of life, self-concept, personal development under difficult circumstances, participation, social roles, time management, anger management, self-control, the importance of patience and endurance and strengthening self-confidence.

In Zaatari camp, UNFPA united with its partner organization the IRC to conduct a wide range of activities for youth, including reproductive health group and individual counseling, recreational and psychosocial activities, gender-based violence and reproductive health awareness sessions.

IRAQ

UNFPA youth space centre activities: Between 15 December and 15 January, 215 boys and girls benefited from the activities of the UNFPA youth space in the Domiz Camp, and 45 youth benefited from the activities conducted in both the Darashakran and Kawargosek camps.

In Domiz camp, a total 38 boys and 88 girls participated in seven peer education sessions undertaken by peer educators trained by UNFPA on life skills, sexual and reproductive health, HIV, early marriages and relations among family members.

A total of 62 youth participated in different activities in Domiz camp as follows:

- 21 youth (16 girls and 5 boys) participated in a 20-day course on the Kurdish language;
- 11 youth (6 girls and 5 boys) participated in recreational activity;
- 15 youth participated in a 20-day drawing course,
- 15 youth (9 boys, and 6 girls) participated in a 10-day calligraphy training;
- A three-hour mine awareness session organized by a UNFPA partner NGO reached a total of 13 beneficiaries (1 boy, 12 girls) at the youth space.



A theatrical play was presented by 14 youth, (9 boys and 5 girls). The comedy play portrayed in a humorous way the difficulties Syrian youth are facing in the camp.

UNFPA established basketball and volleyball courts in the Domiz refugee camp.

In Kawargosek and Darashakran camps, around 45 youth were trained by UNFPA to be peer educators on the topics of life skills, sexual and reproductive health, HIV, early marriages, family relations, anger management, and addiction.

COORDINATION AND CAPACITY BUILDING

SYRIAN ARAB REPUBLIC

On 13 January, UNFPA chaired the Protection Cluster Working Group planning meeting for 2014, where the group agreed on the terms of references and identified coordination mechanisms and goals for 2014.

JORDAN

UNFPA chaired the bi-monthly reproductive health coordination meetings in Zaatari camp, the monthly reproductive health coordination meeting in Amman, which discussed the mapping of reproductive health services and the joint Institute for Family Health, UNFPA and Emirates Jordan Camp rapid assessment. UNFPA co-chaired the weekly gender-based violence coordination meeting in Amman and co-chaired the weekly youth taskforce in Zaatari camp; the main objective of the meetings was to revise the sub working group strategy and work plan for 2014.

LEBANON

UNFPA held a meeting with the Institute for Women Studies in the Arab World (IWSAW) at the Lebanese American University (LAU) to discuss expansion of a UNFPA-supported project on enhancing capacities of social workers on basic life skills package, including psychosocial support, empowerment of women, health and reproductive health, environment, nutrition, civic education and conflict control, empowerment of women through work, chronic diseases, gender-based laws (Lebanon), and special needs.

UNFPA participated in the steering committee of the UNFPA-supported project with KAFA that has established a listening and counseling centre and is developing a case management toolkit for physicians to enhance their capacities.

The monthly reproductive health sub-working meeting chaired by UNFPA took place on 27 January. Representatives from different United Nations agencies and NGOs attended the meeting to discuss the Médecins du Monde rapid reproductive health assessment, updates on clinical management of rape trainings and supply of kits, and reproductive health research needs.

UNICEF and UNFPA co-chaired the coordination of the SGBV task force. A national one-day retreat is planned for mid-February to revise the national strategy, annual work plan, develop SW mapping, and discuss urgent issues.

IRAQ

UNHCR allocated space for UNFPA to establish women and youth spaces in Darashakran, Kawaragosek and Basirma camps.

UNFPA attended the monthly health coordination meetings in Erbil, Duhok and Suleimaniyah.

EGYPT

Members of the humanitarian response committee have agreed to develop a six-month workplan to increase the capacity of the primary health care units serving Syrian refugees in Cairo, Giza, Mansoura, Sharkia, Kayiobia, Marsa Matrouh and Hurgada governorates. The committee consists of representatives of the Ministry of Health, UNICEF, the International Organization for Migration, Save the Children and UNFPA.

The gender-based violence sub-working group met on 27 January 2014 to discuss the development process for standard operating procedures for the Syrian refugees in Egypt, on-going operations and coordination mechanisms.

UNFPA participated in a task force meeting with WHO, UNICEF, IOM and Save the Children to discuss an upcoming three-month plan to develop the capacity of the primary health care units serving Syrian refugees in terms of selecting new primary health care units, procurement of supplies and building the capacities of the health professionals.

UNFPA participated in the monthly health and nutrition working group to map the health services delivered to Syrian refugees and to discuss plans for 2014.

CHALLENGES IN SYRIAN ARAB REPUBLIC

Challenges in the Syrian Arab Republic:

Access to reproductive health and gender-based violence services in Adraa and the Palestinian Camp as a result of the siege situation and ongoing violence continue to be of high concern to UNFPA and its implementing partners.

Health facilities in Damascus and Rural Damascus reported an interrupted supply of medical gases, including oxygen, due to the increased violence in Adraa where oxygen generation plants are located.

During the reporting period and for the last several months there has been a noticeably increasing trend in gender-based violence reports from partners. Gender-based violence prevention and response has increasingly become a vital issue that requires more intensified response, especially in hard-to-reach areas.

The results of the UNFPA-monitoring studies in 2013 showed that there are major constraints in the quality of emergency obstetric care in public sector hospitals. As summarized by beneficiaries, issues included privacy, shortage of medicine and the hygiene conditions of lavatories. In non-public facilities the assessment showed that UNFPA programs are contributing to improved quality of services and more client satisfaction.

Monitoring of the effectiveness of mobile teams is one of the issues that needs to be addressed properly in the 2014 humanitarian response program, in support of better accessibility to hot spot areas, which has increasingly become a real challenge due to security conditions.

Lebanon:

The issue of access to unregistered detained Syrians remains problematic.

The expansion of refugees to new areas requires that interventions are expanded to target those areas.

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

Jordan:

In Zaatari camp, the UNFPA-supported clinic of the Jordan Health Aid Society (JHAS), which has been established to take care of uncomplicated vaginal deliveries, is facing a challenge in referring medically necessary cases to hospitals. As a result, access to appropriate services can potentially be delayed due to the lack of coordination, the absence of incubators, and the shortage of blood at the Mafraq gynaecology and obstetrics hospital.

Reaching out to Syrians in the remote communities and programme planning with uncertain figures concerning new arrivals remain challenges.

Uncertainties about the opening of the new camp in Azraq are causing challenges in planning and implementation. Azraq camp was supposed to be operating in July 2013 but has still not opened.

DONORS

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RELEVANT RESOURCES

www.unfpa.org
www.ocha.org
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