

IAWG MENA Conference Matrix

Each country team is requested to complete the following form. Content can be based on discussions among working group participants, with SRH focal agencies in country, available data or otherwise identified needs by SRH stakeholders.

IAWG RH in Crisis Situations MENA Working Groups' Scope of Work: The main purpose of developing a regional work group is to develop a common understanding about the nature of crises prevailing within the region, understand the specific dynamic affecting reproductive health and rights during crises and protracted/post-crisis situations and ultimately develop coherent and mutually supportive responses, preparedness and contingency planning, when applicable.

Country	Syrian Arab Republic							
Location of crisis	Iraq and neighboring countries							
Description of current or most recent crisis from 2000 onwards - (nature, type, duration, affected population)	<p><i>Ex. manmade, natural, civil war, earthquake, internally displaced persons, refugees in camp settings, refugees in urban areas, , collective centers, host families</i></p> <p>Refugees in urban areas; Syria continues to host the largest population of refugees from Iraq. A vast number of refugees¹ remain in need of support and assistance from both the host government and the international community, their economic and social situation steadily worsening due to their prolonged stay, the depletion of savings and remittances from abroad, and their lack of access to legal employment.</p> <p>The average family size is 5.4 and 14% of households are headed by women according to an assessment by Syrian Arab Red Crescent (SARC). Reproductive ill-health constitutes one third of all ill-health among women in reproductive age. A joint UNHCR/WFP/UNICEF rapid assessment reported that more than 15% of pregnant women reported that due to poverty, that they could not receive any antenatal care, including counseling. Moreover, many women and girls have experienced SGBV and need remains for sensitively provided clinical management to these women. Screening for cervical and breast cancers also remains a significant need among Iraqi and host women.</p>							
Number of persons affected	<i>UNHCR estimates 450000-600000 Iraqis residing in Syria currently with estimated 20-25% of population being women of reproductive age with estimated crude birth rate being 4%.</i>							
In your experience, list what worked well with SRH in emergency responses?	<i>Ex. SGBV trainings, interagency coordination, donor support, etc.</i> The best SRH in emergency response could be achieved by extensive collaboration between national authorities (MoH), UN agencies and International and local NGOs working in health, psychosocial and SGBV sector.							
Is there an existing national mechanism in place to respond to SRH in crises? Please indicate whether yes or no and explain.	Yes	<table border="1" style="width: 100%;"> <thead> <tr> <th style="background-color: #e0e0e0;">List key stakeholders</th> <th style="background-color: #e0e0e0;">RH component</th> </tr> </thead> <tbody> <tr> <td>MoH</td> <td>Antenatal screening and education at PHC level</td> </tr> <tr> <td>UNFPA</td> <td>RH information dissemination among Iraqi girls and women, securing availability, quality and utilization of emergency obstetric care at primary and tertiary level,</td> </tr> </tbody> </table>	List key stakeholders	RH component	MoH	Antenatal screening and education at PHC level	UNFPA	RH information dissemination among Iraqi girls and women, securing availability, quality and utilization of emergency obstetric care at primary and tertiary level,
List key stakeholders	RH component							
MoH	Antenatal screening and education at PHC level							
UNFPA	RH information dissemination among Iraqi girls and women, securing availability, quality and utilization of emergency obstetric care at primary and tertiary level,							

¹ As of 15 May 2009, 208,028 Iraqi refugees were registered with UNHCR.

		integration of RH information system to secure relevant data on RH status of Iraqis residing in Syria, covering SGBV issues.
	SARC/UNHCR/IMC	Ensuring comprehensive antenatal specialized services for Iraqi and host women through SARC clinics in Syria including deliveries at one UNHCR/SARC clinic. Through IMC/SARC clinics complete antenatal screening, lab tests, pharmaceutical supplies for pregnancy related complications, tertiary care level support for complicated pregnancies, delivery kits distribution, education and methods for family planning and prevention of STI's, post natal care.
	<p>No – List 3 main reasons/challenges preventing SRH from being integrated into the national response mechanism <i>- Ex. limited resources, lack of technical expertise and knowledge, lack of will, etc.</i></p> <ol style="list-style-type: none"> 1. 2. 3. 	
Do you expect a future crisis? If yes, please explain in details the most likely scenario to occur.	<p>Health infrastructure in Syria remains overburdened due to the high number of Iraqis that have an equal access to the same quality of service. Emergency obstetric care is also provided as a part of this system. However the primary and referral levels face huge difficulties in coping with the additional population where many Iraqis live. Support needs to be rendered to the primary and referral level facilities to meet increased demand specifically for emergency obstetric care to manage complications. Iraqis populations across the region, not ready to go back to Iraq yet will suffer directly because of the lack of donor interest at this point outside Iraq. Overburdened infrastructure of health in Syria is still not able to cope with the additional needs of the Iraqi population specifically most vulnerable out of them, the women and children.</p>	
Please provide up to three recommendations that would improve SRH emergency response in your setting?		
Recommendations for MISP for SRH in crisis situations training <u>Components include:</u>	<p>Coordination, Maternal and new born health, HIV/STIs, SGBV, planning for comprehensive RH services.</p>	

<p>1) <i>Coordination</i> 2) <i>Maternal & Newborn Health:</i> 3) <i>HIV/STIs:</i> 4) <i>SGBV:</i> 5) <i>Planning for Comprehensive RH Services:</i></p>	
<p>List of focal agencies able to carry action plan forward</p>	<p>MoH, UNFPA, UNHCR, SARC, IMC</p>
<p>Priority outcomes desired from IAWG MENA working group <i>(please list at least 3)</i></p>	<ul style="list-style-type: none"> - Increased regional effort to identify the gaps and the needs in SRH across the region. - Action plan to raise and advocate for SRH initiative across the region that is in line with the needs and gaps identified. - Request donor support for SRH initiative as a second step to ensure availability of resources to implement uniform region specific need based SRH programs.