



Assisting in Emergencies

Meeting immediate reproductive health needs and keeping development goals on track through reconstruction.

From airlifts of materials to ongoing advocacy, UNFPA's support for reproductive health and rights in times of crisis takes many forms: pre-packaged supplies, rapid assessment, partnerships, training and the provision of temporary facilities. The Fund's response begins immediately, and continues through rehabilitation and reconstruction to meet long-term development goals.

In 2005, two massive natural disasters—the Indian Ocean tsunami and the Pakistan earthquake—created devastating conditions for hundreds of thousands of women in many countries. UNFPA was quick to respond to the needs of these women. At the global level, UNFPA welcomed the United Nations decision to establish a Peacebuilding Commission, announced by United Nations Member States in December, and emphasized the vital role of women and young people in preventing and resolving conflict.

TWO MAJOR EVENTS

UNFPA moved rapidly in response to the earthquake that hit northern Pakistan and Pakistan-administered Kashmir in October. That included addressing the needs of 17,000 women expected to give birth within two months after the quake, and thousands more with newborn children. Beginning immediately after the earthquake, the Fund dispatched tents, emergency medicines, equipment and supplies to the hardest-hit regions.

- UNFPA deployed nine mobile medical service units and established five permanent prefabricated health facilities in the affected areas. Together, they have treated more than 156,000 people, delivered over 1,200 babies and referred some 2,400 cases to more advanced facilities. Ten additional mobile clinics and 13 more permanent facilities were planned. The Fund also restored services at a hospital in Muzaffarabad.
 - UNFPA shipped ready-made reproductive health kits for one million people and distributed more than 210,000 hygiene kits for women and girls, containing soap, towels, combs, clean sheets and sanitary items.
 - Working with local NGOs soon after urgent needs were met, UNFPA addressed issues of security, access and privacy for women and adolescent girls. The Fund took steps to create women-friendly spaces for information, literacy services, legal aid, psychosocial counselling and skills development, and to erect prefabricated bathing spaces (hammams) near health facilities.
 - UNFPA continued working throughout 2005 to restore reproductive health services and address the psychosocial needs of over one million people affected by the 2004 Indian Ocean tsunami. UNFPA raised over \$27 million for tsunami relief.
- In Indonesia, a UNFPA-funded census in Aceh and Nias provided data to guide reconstruction planning. Training and supplies helped restore reproductive health services in many tsunami-affected communities, and strengthened the capacity of the Aceh Provincial Health Office and local health workers. UNFPA equipped eight primary health centres with ambulances and instruments for resuscitation and emergency obstetric care, and deployed mobile units to reach pregnant women in remote villages. Ten community centres were set up to provide psychosocial counselling and outreach, along with income-generation training and religious and social activities. Some 320,000 personal hygiene kits were distributed to the displaced in 2005.
 - In Sri Lanka, UNFPA embarked on the reconstruction of reproductive health service facilities, including a maternity complex, several primary health centres, and a dozen medical offices. UNFPA also supported the establishment of 27 centres to respond to women's psychosocial needs and to counter gender-based violence.
 - In the Maldives, UNFPA procured two fully equipped health boats to provide emergency care for women facing complications of pregnancy and childbirth. The Fund also provided training for hospital staff and community health workers, and recruited several doctors and midwives from abroad to work in hospitals and mobile clinics.
 - In Thailand, UNFPA continued to work in four of the worst-affected provinces. Through support to the World Vision Foundation of Thailand, mobile clinics served more than 5,000 migrant workers and their families.

EQUIPMENT AND SUPPLIES

In refugee camps and other emergency sites, among the many items supplied by UNFPA were clean delivery kits. Each ready-made kit includes plastic sheeting to lay on the ground, soap for washing hands before assisting delivery, a razor blade and string to cut and tie the umbilical cord, and a blanket to protect the newborn baby.

- UNFPA distributed \$450,000 worth of medical supplies and materials to Palestinian civic institutions and NGOs in 2005, and ordered an additional \$200,000 for 2006. In addition to kits for safe child-birth delivery, the supplies included antibiotics, obstetric medications, iron and vitamin supplements, medications for the treatment of STIs, and supplies for mammography and cervical cancer screening.
- Crop failure, drought, and locust infestation ravaged food supplies in Niger in January 2005. With assistance from Rotary International, the World Food Programme, UNICEF and Helen Keller International, UNFPA ensured that each pregnant or nursing woman visiting a health centre in the two hardest-hit regions of Niger received 50 kilograms of cereals, 10 kilograms of pulses, five kilograms of oil and a mosquito net to prevent malaria. Distribution of delivery kits, iron and vitamin A also helped protect pregnant mothers and their infants.

RECONSTRUCTION

Once the first response is secured, UNFPA contributes to reconstruction efforts that restore the capacity of health systems for the long run, focusing in particular on the reproductive health needs of women and their families.

- UNFPA continued to support victims of the 2003 earthquake in Bam, in the Islamic Republic of Iran. The Fund received a \$150,000 grant from the Bill & Melinda Gates Foundation to address reproductive health care needs in Bam, and worked closely with the Iranian Red Crescent Society and the Ministry of Health and Medical Education.

- As part of a joint United Nations effort to assist provinces most affected by war, UNFPA opened offices in three ravaged provinces of the Democratic Republic of the Congo. The offices provide medical equipment and medicines to care for war victims, particularly victims of gender-based violence.

DATA AND ANALYSIS

Population data collection and analysis is an essential part of planning for health systems and services. Accurate demographic information helps determine present and future needs, and informs reconstruction plans after natural disasters or social crises.

- In June 2005, the Iraqi Planning Ministry signed an agreement with UNFPA to train Iraqis to conduct a national census in October 2007, with courses on mapping strategies and data processing using up-to-date technology. UNFPA has also started planning for a comprehensive population census in Sudan—the country's first in more than 20 years.
- A UNFPA-funded survey of migrants living in areas affected by the Indian Ocean tsunami found that one in four mothers deliver without a skilled birth attendant, only half of married women use contraception, and half the adults surveyed have incorrect knowledge about how HIV is spread. The

Photo: Don Hinrichsen



Women waiting to receive services at a UNFPA-supported reproductive health camp in Nepal, where ongoing civil unrest over the past 10 years has devastated the country. Health specialists from Kathmandu work with local staff at these camps, which treat up to 1,000 women and adolescent girls over an intensive five-day period.

REFUGEES AND INTERNALLY DISPLACED PERSONS AT RISK

Reproductive health services for refugees have increased dramatically since the issue was first placed on the humanitarian agenda at the 1994 International Conference on Population and Development in Cairo. Neglecting reproductive health in emergency situations can have serious consequences, including preventable maternal and infant deaths, unwanted pregnancies, and the spread of HIV/AIDS.

- In Nepal, armed conflict has claimed 12,000 lives and caused 400,000 to flee from rural villages over the past decade. Those

displaced face insecurity, discrimination, hunger, inadequate shelter and limited access to health services and schools. Many women have died during childbirth because they could not reach emergency obstetric care. In 2005, UNFPA technical specialists trained community health personnel to conduct reproductive health trainings in their own communities.

- Violence following presidential elections in Togo caused more than 40,000 people to abruptly flee their homes. Over 60 per cent of these refugees were women, young people and children under five. UNFPA established supplementary food and vaccination programmes for pregnant women and their children,

and provided maternity health kits, mosquito nets and other supplies to refugee camps set up in neighbouring countries.

- HIV prevention and family planning were the focus of a UNFPA and UNHCR initiative that procured and distributed male and female condoms to displaced persons in Benin, Central African Republic, Côte d'Ivoire, Democratic Republic of the Congo, the former Yugoslav Republic of Macedonia, Pakistan, Thailand and Yemen in 2005. In collaboration with distributing partner UNHCR, UNFPA is the sole provider of male and female condoms in more than 20 countries with refugees and internally displaced persons.

survey of people from Myanmar in Phang-nga and Ranong provinces helps guide reconstruction plans.

TRAINING AND EDUCATION

Reproductive health services for people suffering the impacts of a violent conflict or natural disaster require special knowledge and skills. Refugee and displaced populations experience elevated risks from pregnancy, childbirth, rape and escalated spread of HIV/AIDS and other STIs. UNFPA supports training programmes for community educators, health workers and medical personnel to help prepare for, recover from, emergencies.

- At the Sereif Camp clinic in South Darfur, Sudan, midwives and other health-care professionals received training to provide family planning services, ante- and post-natal care, and health education. The clinic is run by CARE and supported by UNFPA, which also provided medical equipment and delivery and post-rape kits. Overall, UNFPA-supported training in the Darfur crisis has improved the skills of 2,200 health providers and relief workers.
- UNFPA-supported training in Uganda was attended by 60 community youth peer educators who in turn reached 4,200 youth, as well as 130 community volunteers who distributed 100,000 condoms. Eighty health workers participated in training in the management of STIs, serving an estimated 8,500 clients.

- UNFPA organized maternal health training for 40 physicians from Iraq at the National Training Institute in Egypt. The programme included meetings with the Egyptian Ministry of Health and Population, visits to clinics in Cairo and rural areas, and sessions at El Galaa General Hospital for Delivery. These doctors will in turn train other medical personnel in Iraq.



Photo: UNFPA Sudan

Distribution of certificates at the end of a health services training co-sponsored by UNFPA and Community Habitat Fund International for displaced women in Darfur, Sudan.