

*Frontlines: The Humanitarian Response Bulletin*  
September 2005

GLOBAL ACTIVITIES

TSUNAMI UPDATE



UNFPA is helping to restore reproductive health capacity and promote women's rights in tsunami-affected areas.

**Rebuilding after the tsunami**

In June, the United Nations Population Fund released a six-month update on its reconstruction activities following the massive devastation caused by the Indian Ocean tsunami. Thanks to the outpouring of generous donor support, UNFPA has been part of the initial relief and recovery process and is now focused on the reconstruction phase, together with its wide network of partners, UN agencies, NGOs, and community-based youth, women's, and religious organizations.

In the post-tsunami response, UNFPA's priorities have included moving rapidly to **protect maternal health** in a region where more than 150,000 women were pregnant and maternal health infrastructure and services had been completely devastated. The Fund has provided large quantities of medical equipment and supplies for the reestablishment of comprehensive maternal services, including basic and emergency obstetric care exceeding \$1 million. In 9 of 12 affected districts in Sri Lanka, for example, UNFPA is supporting the Ministry of Health to rehabilitate 20 facilities, including primary health centres and maternity wards to restore basic reproductive health services and emergency obstetric care. In the Maldives, under an agreement with the Government signed on 1 June, the Fund will restore and equip health facilities, train staff and set up mobile units in the five hardest hit atolls, Raa, Meemu, Thaa, Dhaalu and Laamu.

Ensuring the safety and security of women and girls, including the **prevention of gender-based violence**, has been another key UNFPA priority in its reconstruction activities. UNFPA is working with national and local governments and community-based organizations to minimize and treat sexual violence by supporting safe shelters for women, monitoring the distribution of relief supplies to prevent exploitation, training community educators, and promoting personal security, including special facilities in temporary refuge shelters for unaccompanied women and children. In Indonesia, for

example, women are being provided safe access to basic services, and mass media channels have been used to provide information on the prevention of gender-based violence in the temporary settlements. In Sri Lanka, a Gender Desk has been established at the National Committee on Women that addresses the issues of gender-based violence in the tsunami-affected areas by raising awareness at all levels; as a result, protection measures have been considerably improved at the shelters and welfare camps.

Throughout its activities, UNFPA is **promoting the participation of women** in aid distribution and decision making in the rehabilitation and planning processes. In Sri Lanka, with UNFPA support, the Gender Desk appointed a gender focal point for the District Disaster Management Committees to ensure women's participation in the recovery phase. In Aceh, Indonesia, UNFPA and its partners—the National Development Planning Board, the Ministry of Women's Empowerment, and the French Government—organized a training on gender mainstreaming for 500 sub-district authorities to ensure the full participation of local communities in the development of district plans. And to facilitate reconstruction and ongoing support for the displaced, UNFPA has mobilized funds and is providing technical support for a provincial census that will give planners a better understanding of the impact of the tsunami—including the different ways women and men were affected—and of needs for expanded social services.

These ongoing rehabilitation activities follow UNFPA's prompt and ongoing relief efforts aimed at meeting the special needs of women—including safe childbirth, sanitary supplies and prevention of violence. Overall, it has provided more than 250,000 hygiene kits and large amounts of medicines, medical equipment, contraceptives and safe delivery supplies for distribution by government and NGO partners. Donors have given UNFPA \$26 million for post-tsunami assistance.

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Read the full press release: <http://www.unfpa.org/news/news.cfm?ID=636>

View the mid-year update: [\*UNFPA Response to Indian Ocean Tsunami—Update at Six Months\*](#)

Explore the special report: [\*Women's Needs, Supporting Aceh's Future\*](#)

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## PEACEKEEPING



A Security Council briefing has highlighted the important work of UNFPA and others to address the issue of HIV/AIDS and peacekeepers.

### **UNAIDS report cites contribution of UNFPA to projects addressing HIV/AIDS among peacekeepers**

In July, the Security Council convened a briefing to mark the fifth anniversary of UN Security Council Resolution 1308—a landmark document that recognized for the first time the potential threat of AIDS on stability and security and called on the Joint Programme on HIV/AIDS (UNAIDS) to work with member states to address the issue among peacekeepers and national uniformed services. Over the past five years, UNAIDS has supported member states to implement the resolution at international, regional, and national levels, as reported at the Security Council briefing by Dr. Peter Piot, Executive Director of UNAIDS.

“The world’s response to AIDS has gathered such strength that for the first time ever we have a real opportunity to get ahead of this epidemic,” said Dr Peter Piot during the Security Council session. “Although we have made significant inroads in educating peacekeepers and national uniformed services about the risks of HIV, AIDS is still not part of core military business everywhere.”

In conjunction with the briefing, UNAIDS released its progress report on implementing Resolution 1308, entitled *On the Front Line: A Review of Policies and Programmes to Address AIDS among Peacekeepers and Uniformed Services*. According to the report, key milestones since the passage of the resolution in 2000 include increased collaboration between UNAIDS and co-sponsor agencies, including the United Nations Population Fund (UNFPA) and the UN Department for Peacekeeping Operations (DPKO), in ensuring comprehensive HIV prevention efforts are part of all UN peacekeeping missions. The report notes that in Sierra Leone, for example: “The mission has collaborated with UNAIDS, the UN Development Fund for Women (UNIFEM), and UNFPA to run AIDS prevention, gender and human rights workshops. In total 280 peacekeepers have been trained as peer educators.” Similarly, in Haiti, the report documents UNAIDS’ partnership with UNFPA and national ministries to assist the new police force with a comprehensive plan to promote HIV prevention, reproductive health and gender equality. The project aims to reach 6,200 members of the police and 300-400 new recruits every six months through activities including peer education, curricula

development for the National Police Academy, voluntary testing and counseling, improved management of infection, and condom promotion and distribution.

Currently all major peacekeeping operations have full-time AIDS advisers and smaller missions have AIDS focal points. Over one million AIDS awareness cards in 13 languages, featuring basic information about HIV prevention and condoms, have been distributed among peacekeepers and national security forces. UNAIDS is today assisting 53 Member States with comprehensive programmes to address AIDS amongst uniformed services. As part of this work, UNAIDS has signed partnership agreements with 15 Ministries of Defense covering about 1.3 million active uniformed personnel.

However, key challenges remain, including the need to expand access to HIV testing as well as ensuring AIDS programmes are sustained even in times of conflict. Evidence clearly demonstrates that the provision of voluntary confidential counseling and testing services are far more likely to result in favourable behaviour change than mandatory testing.

As requested by the Security Council, UNAIDS is leading international efforts to build the evidence base for action to tackle the long term impact of AIDS on the stability and security of countries. "AIDS can erode the ability of countries to govern themselves and to provide essential services to its citizens," said Dr Piot. "We must address the broader impact of AIDS on human security and national stability in the most affected countries particularly those in conflict and post-conflict situations."

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Read the full press release: <http://www.unaids.org/en/media/press+releases.asp>

View the progress report: [\*On the Front Line: A Review of Policies and Programmes to Address AIDS among Peacekeepers and Uniformed Services\*](#)

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## CENSUS



UNFPA has signed agreements to assist with national censuses in Iraq and Sudan.

### **Supporting a national census in Iraq and Sudan**

In June, the United Nations Population Fund (UNFPA) signed an agreement in Jordan with the Iraqi planning ministry to train Iraqis to prepare for a national census in their country in October 2007.

“UNFPA will provide Iraq with technical support, and provide capacity training to help Iraqis run the census,” said Sheikh Cisse, on behalf of the UNFPA Iraq office. Training courses will be undertaken in Jordan and will focus on mapping strategies as well as data processing using up-to-date technology. The organisation of the census is expected to cost \$120 million, to be raised by Iraq from international donors.

The last official census in Iraq was held in 1997, under the ousted regime of Saddam Hussein, and found the country to have a population of 23.8 million. In August 2004, Iraq’s former interim planning minister Mehdi al-Hafez said census work would begin in October of that year if security measures allowed it, but violence across the country delayed the population count.

Earlier this year, in March, UNFPA also began planning for a comprehensive population census in Sudan—that country’s first in more than 20 years. The census will cost around \$60 million, according to the United Nations Joint Assessment Mission for Sudan.

The population census is one of the provisions of the Comprehensive Peace Agreement signed by the Government of Sudan and the Sudan Peoples Liberation Movement (SPLM). It is meant to be completed within the first two years of the post-conflict interim period.

Census preparations by UNFPA include training sessions to increase awareness among policymakers and members of the public on the importance of the census. However, there is an acute shortage of funds to expand the capacities of all relevant institutions in the Sudanese Government and the SPLM, including those at the national, state, and local levels. The funds are required to pay for crucial preparatory and implementation work, such as training for local personnel in cartographic mapping, computer processing and for field operations.

UNFPA highlighted the strategic importance of and challenges facing Sudan’s first census in decades at the Donor Conference for Sudan, which was held in Oslo in April. UNFPA stressed to donors that their support would be essential to the success of Sudan’s census, one of the crucial building blocks of the peace agreement.

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Read the full press releases: <http://www.unfpa.org/news/coverage/june11-july1-2005.htm> and <http://www.unfpa.org/news/news.cfm?ID=597>

## COUNTRY ACTIVITIES

### SUDAN



UNFPA is partnering with local communities to assist war-affected women in Darfur.

## **Partnering with local communities to aid displaced women**

The situation of internally displaced persons in Darfur is complex and critical. Those who managed to find refuge in IDP camps or host communities often refused to return to their villages for fear of further attacks. Rape and other forms of sexual abuse are widely reported from both outside and inside camps, leaving displaced women and girls at risk of sexually transmitted infections, including HIV.

UNFPA emergency intervention efforts are providing displaced women and girls with more choices and alternative solutions to lead a safer, healthier and more dignified life. With offices in the three Darfur states, the UNFPA emergency intervention programme is implementing its comprehensive plan to improve reproductive health services and raise awareness and provide counseling on reproductive health related issues, including gender-based violence.

According to Dr. Suman Shanshoeva, the programming coordinator who is coordinating UNFPA emergency programmes in Darfur, UNFPA has distributed dozens of sets of medical equipment and thousands of family planning, delivery and rape kits to all camp clinics and hospitals in the greater Darfur area since 2004. UNFPA has also been advocating for better health policies that protect women's rights and helping to develop emergency assistance manuals and guidelines for use by health workers. Over 2,200 health providers and relief and community workers have been trained in reproductive health services, including management of obstetric and neonatal emergencies, prevention and treatment of reproductive tract and sexually transmitted infections, including HIV, active discouragement of harmful practices such as female genital mutilation/cutting, and the prevention and management of gender-based violence.

Dr. Shanshoeva says that UNFPA has doubled its technical and professional human resources, and increased by a third its support staff on the ground in Darfur. But with over 2.3 million internally displaced persons in all three Darfur states, and in view of the present security situation, UNFPA and other United Nations agencies and implementing partners are struggling to provide health and humanitarian services to as many IDPs as possible.

At the Sereif Camp clinic, run by CARE and supported by UNFPA, a reproductive health centre has trained midwives and other healthcare professionals to provide family

planning services, ante- and post-natal care, and health education, serving the population in the camp as well as the host communities. On average, the camp doctor treats 35 women per day, and the medical assistants see up to 50 patients per day. UNFPA provides all necessary medical equipment, as well as delivery and post-rape kits, to ensure adequate services to these women and their newborn babies. The rate of maternal mortality among IDPs at the camp has dropped considerably since these interventions started.

A short walk from the clinic stands UNFPA’s women’s centre, which is helping displaced women to develop their technical skills to generate much-needed income. Many of the women have been trained in making pottery and are selling it to help support their families. The centre offers literacy classes and gender-based violence awareness in addition to training and skills development.

At the camp, eight religious leaders—seven men and a woman—known as the Sheikhs and the Sheikha, have been working closely with CARE and UNFPA to raise awareness on health issues and services available to the IDPs at the clinic and women’s centre. They praised the centre’s achievements and expressed their desire to receive additional training. Sheikh Ibrahim, one of the leaders, said, “We believe that if we receive more training in HIV/AIDS, sexually transmitted infections, family planning, and gender-based violence, this will assist us in increasing the awareness among our fellow men and women in the camp, and will lower everyone’s risk and make the medical team’s work easier.”

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Read the full press releases: <http://www.unfpa.org/news/news.cfm?ID=652> and <http://www.unfpa.org/news/news.cfm?ID=653>

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## COLOMBIA



An innovative, arts-based project in Colombia is helping displaced adolescents to protect their health.

### **Protecting the health of displaced youth through the arts**

In Colombia, where at least 2 million people have been displaced by the 30-year internal conflict, UNFPA, with Belgian government assistance, is supporting one of the most vulnerable groups: adolescents and youth. The objective of the program is to guarantee that reproductive healthcare is an integrated component of humanitarian support and that the needs of adolescents, in particular, are prioritized.

In areas along the Caribbean coast, sexual violence is rampant and impunity is the norm. Displaced girls there are three times more likely than their peers to become pregnant before age 15.<sup>1</sup> UNFPA and its partners have adopted an innovative approach to reaching these young people: projects that draw on artistic expression by adolescents as a release and remedy for the violence in their lives. The programme uses drama, role-playing, music and dance to encourage adolescents to recount the trauma they have experienced. Health providers visit twice a week to talk about reproductive health and prevention and offer services.

Participants in the programme have acquired the tools to challenge harmful aspects of gender relations, resist peer pressure and address sexual violence. They have received information and services to prevent disease and ensure maternal safety. The project has raised the self-esteem of displaced adolescents and given them a sense of control over their lives.

The project has been featured on CNN World Report (link below).

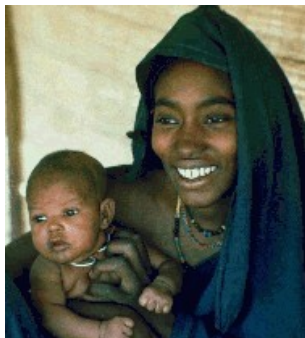
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Watch a short video about the project: <http://www.unfpa.org/video/2004.htm>

View project details (Spanish only): <http://colombia.unfpa.org/proyectos/belgianproj.htm>

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## NIGER



UNFPA is providing emergency assistance to pregnant and lactating women affected by famine in Niger.

### **Fighting maternal and infant mortality in Niger**

In August, UNFPA joined other UN agencies in appealing for donor assistance to mitigate the effects on the ongoing food crisis in Niger. UNFPA warned in particular that the increasingly poor nutritional status of pregnant and lactating women threatens to increase the already high rates of maternal and infant death and illness in regions hard-hit by the ongoing food crisis. To counter the threat, the Fund is seeking \$400,000 in emergency reproductive health assistance to prevent pregnancy and delivery complications for hundreds of thousands of pregnant and lactating women affected by the emergency.

The United Nations estimates that 3.6 million people, out of a total population of 12 million, have been affected by the current crisis. Of those, 2.7 million are extremely vulnerable and require food assistance. Pregnant and lactating mothers are among the groups considered most at risk, with more than 261,000 women in need of emergency care. Ensuring that pregnant and lactating women receive adequate nutrition with essential vitamins and minerals can reduce maternal death, birth defects, childhood mortality, blindness, anaemia and vulnerability to infections. Experts estimate that eliminating malnutrition in mothers can reduce disabilities in their infants by almost one third.

“We know that during a humanitarian emergency, like we are now facing in Niger, pregnant and lactating women and their children are particularly vulnerable,” said Marlène François Lays, UNFPA Representative in Niger. “UNFPA is using food distribution sites as a means to reach these women to ensure they have healthy pregnancies and safe deliveries. We are working with the Government, other United Nations agencies and non-governmental organization (NGO) partners to make sure that women have access to safe reproductive health care during this food crisis.”

UNFPA has also set up an emergency coordination unit in the capital, Niamey, and reinforced its country team with a regional adviser from Dakar and a national expert in logistics. An assessment mission by UNFPA and the Ministry of Health staff was conducted in August 2005 to collect data on the crisis. A short questionnaire was developed by UNFPA, the World Health Organization and the Ministry to evaluate the health needs of those most affected.

In July, UNFPA and the Government of Niger signed a financial agreement to provide about \$100,000 to help pregnant and breastfeeding women in Zinder and Agadez, two of the worst-affected regions in the country. Women visiting health centres will each receive an impregnated mosquito net to prevent malaria, which can cause severe anaemia in pregnant mothers and contribute to low birth-weights among newborn babies. Basic delivery kits, which include plastic sheets, gloves, syringes, medication and pharmaceutical products to ensure safe deliveries are also being distributed.

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Read the full press release: <http://www.unfpa.org/news/news.cfm?ID=660>

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## TOGO



UNFPA is assisting Togolese refugees in Benin, as well as the internally displaced.

### **Emergency health care for refugees fleeing political unrest in Togo**

According to news reports, some 40,000 Togolese refugees have fled into neighbouring Benin and Ghana since clashes broke out following the April presidential elections. Over 60 per cent of the refugees are women, young people and children under five. Ten per cent of the women are of childbearing age. UNHCR reports that some 200 refugees are currently being registered each week.

To meet the continuing maternal health care needs of the refugee population, UNFPA is working with the Government of Benin to establish health posts in refugee camps. In addition, supplementary food and vaccination programmes have been set up for pregnant women and their children. Multiple cases of malnutrition have been identified, and mothers are being educated about good nutrition and proper health care for themselves and their families. Maternity health kits, insecticide-treated mosquito nets, soap and other supplies have been provided to the camps by UNFPA. Facilities for pregnant women and childbirth at nearby health centres have also been put in place. In addition, UNFPA has recruited two midwives and two data collectors to process information on the refugee populations.

UNFPA is also working with other UN agencies to assist more than 10,000 internally displaced people (IDPs) still in Togo, most of whom are staying with families in outlying villages.

UNFPA is providing reproductive health kits intended for pregnant women and young girls displaced by the conflict. The Fund is also supporting NGO sensitization workshops aimed at preventing the spread of sexually transmitted infections (STIs) and HIV/AIDS as well as providing information on family planning and the use of contraceptives to IDPs and their receiving families. Data is also being collected on the needs of IDPs and their host families to better address their ongoing reproductive health needs.

Most importantly, UNFPA is collaborating with the Togolese Ministry of Social Affairs, Women and Child Protection and NGO partners to provide psychosocial counseling to

the IDPs. One hundred and nine counselors, mostly from NGOs, have been trained as of July. Counselors are also being provided with locally constituted hygiene kits for women to distribute during their counseling sessions.

“Any IDP who has been removed from his or her normal environment automatically becomes vulnerable. Many have shattered lives and have lost family—a child losing a parent or a wife losing a husband. Some are victims of sexual abuse,” said Fidelis Zama Chi, UNFPA Representative in Togo. “Their lives must be rebuilt. That’s the basis for this psycho-social counseling.”

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## THAILAND



UNFPA has surveyed the long-term needs of tsunami-affected migrants to improve their access to health services.

### **Addressing the long-term needs of tsunami-affected migrants**

An August UNFPA-sponsored survey indicates that migrants living in areas affected by last year's tsunami need better access to maternal and child health services, family planning and information on preventing HIV infection.

In communities of people from Myanmar in Phang-nga and Ranong provinces, one in four mothers delivers without a skilled birth attendant, 55 per cent of all infants are not receiving immunization, only half of all married women are using contraception, and half the adults surveyed have incorrect knowledge about how HIV is spread. One third of the unmarried migrant men pay for sex without consistently using condoms.

These are among the findings of a survey of 700 migrants, conducted in June by Mahidol University's Institute for Population and Social Research with funding from the UN Office for the Coordination of Humanitarian Affairs and UNFPA. The results confirm the need for mobile health clinics and health education campaigns such as those being run in both migrant and Thai communities in Krabi, Phang-nga, Phuket and Ranong by the World Vision Foundation of Thailand and provincial public health offices with UNFPA support. World Vision employs Burmese-speaking medical staff to serve migrants and is training a cadre of health volunteers to do community outreach.

Migrant workers play essential roles in the region's fishing and construction industries and on rubber plantations. Several migrant communities were hit hard by the December 2004 tsunami. While many migrants returned to Myanmar immediately after the disaster, there has since been a steady influx of new workers.

Fewer than half the migrants studied were legally registered, and therefore not entitled to the same affordable universal health care coverage as Thai citizens. Those not registered reportedly avoid public clinics and hospitals due to the cost and fear of deportation. Health workers say this is an important problem, as mobile clinics must refer seriously ill patients to hospitals. Half of those surveyed were in their twenties; most of the women and about half the men were married, with unmarried men prevalent in fishing communities which have commercial sex sites. One fourth of the women had their first child before age 20.

UNFPA continues to assist World Vision and local Thai authorities in ensuring that post-tsunami community rehabilitation plans include reproductive health services and information. The Fund is also supporting an effort by the Thai Red Cross AIDS Research Centre to reduce the spread of HIV/AIDS and other sexually transmitted infections in the affected areas, by promoting safer sexual behaviours and social marketing of condoms.

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Read the full press release: <http://www.unfpa.org/news/news.cfm?ID=661>

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## WEST AFRICA



UNFPA is working to reverse the spread of HIV/AIDS among war-affected people in Liberia, Côte d'Ivoire, and Sierra Leone.

### **Reversing the spread of HIV/AIDS among the displaced**

UNFPA, partner UN agencies, and national governments have launched a new three-year project to prevent the spread of HIV/AIDS and other sexually transmitted infections (STIs) among refugees, displaced populations, and their host communities in the post-conflict border areas of Guinea, Liberia,.

Approximately one million people will benefit from the project, of which 50 per cent will be children and 35 per cent will be female-headed households. The four project sites are in Danane, Côte d'Ivoire; Nimba, Liberia; Gueckedou, Guinea; and Kenema, Sierra Leone. Partners in the project include the national AIDS secretariats of Guinea, Liberia, Sierra Leone and Côte d'Ivoire, UNFPA, WHO, UNDP, UNHCR, UNAIDS, UNICEF, the African Development Bank (ADB), the Mano River Union Secretariat, non-governmental organizations, and representatives of displaced populations.

According to a report by the ADB, an estimated 1.9 million people are infected with HIV in the four countries. About 140,000 have died from the epidemic and 900,000 children have been orphaned by the disease. Although the overall numbers are relatively low, conditions in the border areas are a potential catalyst for the spread of HIV/STIs, putting refugees, internally displaced persons and their host communities at risk. Factors include the high mobility of the population, low literacy levels, poorly equipped public health centres, drug use and unprotected sex.

“We recognize that the large concentration and frequent movement of refugees and returnees within and across borders in the Mano River Union countries who do not have easy access to basic health facilities, and are more vulnerable and at greater risk of contracting STIs/HIV/AIDS, calls for increased inter-country collaboration,” said Youssouf Mohamed, Manager, Country Operations West and Centre of the ADB, which is funding the project. “Moreover, given the inextricable links between the four countries and the fluidity of the population movements across their borders, the fight against HIV/AIDS...cannot be won at the country level.”

The project seeks to enable the region to stop and begin to reverse the spread of HIV/AIDS by 2015, one of the [Millennium Development Goals](#). Aims include 100 per cent screening of blood transfusions; promoting positive behavior among 80 per cent of selected high-risk groups; encouraging 50 per cent of youth condom use; establishing HIV voluntary counseling and testing services at 80 sites; managing 90 per cent of STI cases; providing 8,000 people living with HIV/AIDS with medical and psychological support; and preventing mother-to-child transmission among 80 per cent of HIV-positive pregnant women.

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Read the full press release: <http://www.unfpa.org/news/news.cfm?ID=548&Language=1>

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<sup>1</sup> PROFAMILIA. 2001. Sexual and Reproductive Health in Underserved Conditions: A Survey of the Situation of Displaced Women in Colombia. Bogotá: PROFAMILIA.