



The Humanitarian Response Newsletter

January 2007

HUMANITARIAN APPEAL 2007

UNFPA is requesting that international donors contribute \$20 million for projects to address the urgent reproductive health needs of refugees, internally displaced persons and others affected by conflict or natural disaster in 2007. The aim is to prevent pregnancy-related deaths, HIV infection and the sexual violence that often accompany a crisis.

The proposed UNFPA projects are part of the [Humanitarian Appeal 2007](#) launched November 30 by United Nations Secretary-General Kofi Annan in New York. The consolidated appeal by UN agencies, the International Committee of the Red Cross, and more than 140 non-governmental organizations calls on international donors to contribute \$3.9 billion to help 27 million crisis-afflicted people in 29 countries in 2007.

Under-Secretary-General for Humanitarian Affairs Jan Egeland co-chaired the appeal launch, alongside Princess Haya Bint Al Hussein of Jordan and Dr. Denis Mukwege, director of a hospital that treats survivors of rape in the war-ravaged Democratic Republic of the Congo.



Sexual violence prevention and treatment—along with programmes to promote safe motherhood, HIV prevention, and data collection—are among the interventions proposed by UNFPA under its portion of the 2007 Humanitarian Appeal. Examples of specific UNFPA activities include:

- Strengthening access to maternal health care and other vital reproductive health services for displaced people returning to post-war Burundi;
- Preventing and responding to cases of sexual violence among displaced people in Sudan, Chad and the Central African Republic;
- Reducing maternal and infant mortality among pregnant women in the occupied Palestinian territory, where delays at checkpoints often prevent pregnant women from reaching the hospital in time and have forced many to give birth along the roadside;
- Working with WHO to collect health data in Somalia, to allow humanitarian agencies to more accurately determine need and target interventions accordingly; and
- Helping vulnerable populations stay HIV-free in conflict-affected areas in northern Uganda.

The UNFPA projects would be carried out in close collaboration with national governments, local NGOs and UN partner agencies including UNHCR, WFP, UNICEF, and WHO.

For a summary of UNFPA project proposals or for links to the full Humanitarian Appeal documents, please visit http://www.unfpa.org/emergencies/appeals_2007.html

EMERGENCIES AND YOUNG PEOPLE

For three days in December, young people and representatives from UN agencies, academia and NGOs gathered in New York for the *Group Meeting on Young People in Emergency and Transition Situations*, coming from as far afield as Belgium, Burundi, Colombia, the Democratic Republic of Congo, Jordan, Kenya, Lebanon, Liberia, Malaysia, Mali, the occupied Palestinian territories, Sierra Leone, Sudan, Thailand, and the United Kingdom. The purpose of the joint UNICEF-UNFPA meeting was to develop a framework for the protection and development of young people in emergency and transition situations. Over the course of three days, participants identified and reviewed core elements of the rationales, guidelines, programming areas, and implementation strategies to be incorporated into the framework.



Although young people constitute the largest demographic group in the world, their needs and concerns have remained largely unaddressed by international humanitarian organizations and programs. The December 2006 meeting was a follow-up to the Global Strategic Planning Consultation on Adolescent Programming in Emergency and Transition held in Geneva, Switzerland in 2005, which heralded a new commitment on the part of various agencies to support the voices of young people.

The participants agreed that the overarching principle behind the framework should be the active, ongoing participation of young people themselves. As Abdulai Chernor Bah, a youth activist from Sierra Leone, put it, "youth are often given the opportunity to participate, but only within formal structures or preconceived contexts. Participation should be an ongoing process, and it should happen in contexts that belong to young people."

In 2007, the draft framework will be developed and revised through a series of youth-led regional and country consultations, culminating in a Global Conference to be held in 2008 for the launch of the completed framework.

REPORT ON THE INTERNATIONAL SYMPOSIUM ON SEXUAL VIOLENCE IN CONFLICT

The final report of the *International Symposium on Sexual Violence in Conflict and Beyond* – convened in Brussels on 21-23 June 2006 by UNFPA, the European Commission and the Government of Belgium – is now online. Also available in hard copy (please see contact information below), the online version of the report includes full proceedings and live links to Powerpoint presentations given at the symposium.

The historic June meeting brought more than 250 participants from 30 countries to the Palais d'Egmont in Brussels. Delegations from Bosnia and Herzegovina, Burundi, the Central African Republic, Colombia, the Democratic Republic of the Congo, Haiti, Indonesia, Liberia, Palestine, Rwanda, Sierra Leone, Sri Lanka, Sudan and Uganda were joined by heads of UN agencies and NGOs, journalists, field-based humanitarian workers, human rights activists, and ministers, parliamentarians and government officials from conflict and donor countries alike, reflecting what UN Secretary-General Kofi Annan called "a growing international consensus that sexual violence is a human rights violation, a global public health problem, and an impediment to recovery, development and peace."



To maintain the momentum created by the Symposium and the Brussels Call to Action issued at its end, the Government of Belgium, UNFPA and partner UN agencies, and the national Governments of specific conflict-affected countries will hold a series of follow-up events every six months to measure progress in the formulation and implementation of specific National Action Plans. The first event was held in December 2006 and was focused on Liberia.

To download the full proceedings of the Symposium and the follow-up event on Liberia, please visit www.unfpa.org/emergencies/symposium06

UNFPA HUMANITARIAN STRATEGY

Three-year plan to upgrade capacity for reproductive health care in crisis

In September, the UNFPA Executive Board endorsed the Fund's three-year strategy for emergency preparedness, humanitarian response, and transition and recovery, and encouraged UNFPA to continue to strengthen its efforts in these areas.

In its decision, the Board recognized the critical role of UNFPA in emergency preparedness and response, and encouraged bilateral contributions to UNFPA to implement the strategy, which is projected to cost \$24 million over three years.

The three-year strategy builds on the document presented to the Board one year previous, and involved extensive stakeholder consultations, organized external evaluations of UNFPA capacity, a global staff survey of humanitarian training needs, and lessons learned and an analysis of programme country needs. The strategy was designed to ensure that the issues of gender, reproductive health and data are integrated into emergency preparedness, crisis response and recovery programmes and enhances the capacity of UNFPA and its partners to effectively to reproductive health and data needs that are often forgotten in the rush to provide assistance.



AFGHANISTAN

UNFPA to help organize first-ever census, with European support

The European Commission has contributed 15 million euros to UNFPA, the United Nations Population Fund, to help organize Afghanistan's first full population census that will provide primary information on the number and characteristics of the country's population. The only previous census, attempted in 1979, was interrupted by the outbreak of hostilities and never completed.

UNFPA is tasked with helping the Government of Afghanistan conduct the census, which was requested by the 2001 Bonn Agreement. The census initiative, the enumeration of which will take place in 2008, will also develop the capacity of the national statistical system, and raise awareness of its role and importance.

"We are very pleased with this generous contribution by the European Commission, which will be instrumental in helping the Government of Afghanistan to better analyze the demographic profile of its population," said UNFPA Executive Director Thoraya Ahmed Obaid. "This welcome initiative will also go a long way in providing the strategically essential ingredients needed to formulate the country's long-term reconstruction and development plans."

The census, to be conducted by Afghanistan's Central Statistics Office, will delineate the boundaries of the country's 34 provinces and 398 districts, and fix the positions of more than 38,000 villages. It will also digitally map approximately 48,000 enumeration areas covering the country; recruit and train more than 52,800 enumerators and 10,500 controllers, and develop a census questionnaire and detailed instruction manuals for them. In addition, the census will create a computer database for the information collected to be available to ministries, development organizations, the private sector and other users.

The census results will provide the Government of Afghanistan with much-needed information on the location and composition of the population. This information would help policy makers to determine the approaches needed to address Afghanistan's most pressing development needs, including poverty eradication, education and health, employment, and energy and housing provision. The census will also provide the foundation for good governance and the information required to build up essential government institutions.

UNFPA has already completed a nationwide household listing exercise in Afghanistan, producing population estimates that were used in planning the political process and the parliamentary elections of September 2005. The Fund is currently assisting the Government in planning for the full census, scheduled to take place over a 20-day period in July 2008 and estimated to cost \$44 million. This will be preceded by mapping of enumeration areas and a pilot census in 2007. The preliminary results of the full census are scheduled to be published in time for the next elections in 2009.



NEPAL

Linking food aid and reproductive health care

The United Nations World Food Programme and UNFPA, the United Nations Population Fund, have joined forces to provide essential food aid and reproductive health care to hundreds of drought-affected families in Mugu and Humla districts of Nepal.

In response to WFP field monitors reporting a high prevalence of illnesses among families in the district, WFP requested UNFPA to conduct mobile reproductive health clinics during planned WFP food distributions in the area. "We think jointly reaching out to the country's most isolated citizens is the way to go. WFP and UNFPA's very 'retail' or people-oriented approach in Nepal could serve as a model for the region," said WFP's Country Representative, Richard Ragan.

"There is an urgent need to provide reproductive health services in remote areas to address life-threatening concerns", said Junko Sazaki, UNFPA Representative to Nepal. "We were very pleased to receive this request from WFP and immediately organized a three day reproductive health camp for the people of Mugu and Humla."

During the dawn-to-dusk operating hours of the health clinics, medical staff treated nearly 2000 people with half of the service users being female. Health workers provided antenatal and postnatal care, treatments for sexually transmitted infection, urinary tract infections, infertility as well as for common illnesses such as dysentery, gastritis, asthma, and malnutrition. Health workers also provided treatments to women with prolapsed uterus, one of the major reproductive health concerns in Nepal.

WFP distributed rice and wheat soy blend rations to nearly 5000 people coming from eight VDCs in Mugu and Humla districts. UNFPA distributed medicines to patients and to local health clinics in desperate need of supplies.

Ms. Lalmaya Nepali, age 30, of Natharpu VDC reported, "This joint activity provided a rare opportunity to obtain check ups and treat our whole family and at the same time we were able to receive much needed food. I have never seen such a programme in the past. I hope it continues."

"Some of the people treated by our staff had never seen a doctor before," mentioned Junko Sazaki. "Working in partnership with WFP in delivering outreach services gives us the opportunity to address more efficiently the high level of needs for health care in remote areas, especially reproductive health."

"WFP's role in distributing food aid to drought-affected communities is clearly essential in order to

save lives. However, by combining WFP's food aid with UNFPA reproductive health and preventative care services, we have been able to not only reduce deaths among the poorest in Nepal, but greatly improve the quality of their lives," said Ragan. "We found that many of the people we were feeding couldn't remember the last time they saw a health professional so this approach makes sense and we hope to do more of it."

OCCUPIED PALESTINIAN TERRITORY

Averting maternal deaths at Israeli checkpoints

More than 68 pregnant Palestinian women had to give birth at Israeli checkpoints during the last six years, leading to 34 miscarriages and the death of four women, according to the Palestinian Ministry of Health.

A recent report by the Ministry shows that since the beginning of the Al-Aqsa Intifada in September 2000, pregnant Palestinian women in labour are often prevented by Israeli forces from reaching hospitals to receive appropriate medical attention. As a result, 10 per cent of women who wished to give birth at medical centres have had to spend two to four hours on the road before reaching a hospital, while 6 per cent spent more than four hours. The normal time, before the Intifada, was 15-30 minutes.



"These figures underline the need to put an end, once and for all, to the agony of pregnant Palestinian women held at Israeli checkpoints." said Thoraya Ahmed Obaid, Executive Director of UNFPA. "It is urgent to facilitate access by pregnant women to life-saving services, as stipulated by international humanitarian law."

According to the Ministry's report, there are currently 117,600 pregnant women in the Palestinian territory, including 17,640 who suffer from difficult pregnancies due to the lack of prenatal and postnatal care. Inadequate medical care during pregnancy, says the report, is the third leading cause of death among Palestinian women of childbearing age.

UNFPA has been helping pregnant women avoid suffering at the checkpoints by training health personnel and equipping them with delivery kits to provide services within their communities. It has also formed local community support teams to assist health providers and raise awareness of the availability of delivery services.

The latest Israeli military incursions into the Gaza Strip, which started on 28 June, have compounded the suffering of the Palestinian population in general, and women and young people in particular. Damage to the Gaza infrastructure, including health, communication and transport facilities, and power sources, has been extensive. Facilities and services, including those of health, have not been able to function properly, and the Strip's 1.4 million inhabitants have been left without electricity.

UNFPA continues to work with its partners on providing the Gaza population with essential emergency services and supplies. That includes restoring health facilities, purchasing reproductive health supplies and other essential drugs to support the Ministry of Health, and providing psychological and clinical services to women and their families.

PAKISTAN

Improving access to health care for people affected by Kashmir quake

Many mothers and children in areas hit by last year's earthquake in Pakistan have better access to health care than before the disaster, as a result of joint efforts to restore services.

Most survivors of the 8 October 2005 disaster, including the estimated 5,000 women who give birth each month, still face a range of threats to their health. Exposure, crowding, weak diets and bad sanitation compound pre-existing problems in this poor region, where birth rates are high, women typically deliver at home and maternal death is severe.

But one year on, mobile services and temporary health facilities set up by numerous aid agencies in collaboration with the Government are now reaching people throughout the affected districts, including areas that were poorly served prior to the earthquake.

More than 5,000 women have already given birth in pre-fabricated mother and child health facilities erected by UNFPA, the United Nations Population Fund. UNFPA is putting up 34 such facilities in Muzaffarabad and Mansehra districts, ranging from sophisticated maternity centres to basic health units.

The Fund also supports ten mobile clinics, reaching women and children in isolated villages that never had health services before.

The all-female, live-in staff in the UNFPA facilities provide primary care, prenatal checkups, and skilled deliveries round the clock. Hundreds of women have undergone lifesaving procedures.

Complicated cases can be referred to the birthing units at Mansehra district hospital and the AIMS hospital in Muzaffarabad, where UNFPA has provided equipment and support medical staff. Last month, doctors at the AIMS hospital conducted 406 deliveries, including 72 Caesarean sections.

"Pregnancy and childbirth are always dangerous in remote areas," notes Dr. France Donnay, the UNFPA Representative in Pakistan. "The hardships suffered by the earthquake survivors have increased the risks women face. But lifesaving services are now widely available in the affected areas and, thankfully, women are using them more than ever before."



SUDAN

Repairing fistulas in Western Darfur

Western Darfur's first comprehensive Fistula Centre has opened in the town of Zalingei, with assistance from UNFPA, the United Nations Population Fund. Attached to the main reference hospital, the new Fistula Centre offers a 16-bed repair facility complete with a private consultation room, pre- and post-operative wards, and a separate rehabilitation and reintegration unit.

Fistula is a preventable and treatable condition caused during obstructed labour when the foetal head lodges against the woman's pelvis. As the tissues die because of a loss of blood circulation, a hole or fistula opens between the woman's vagina and her bladder or rectum. As a result, the baby usually dies and the woman becomes incontinent, leaking urine, faeces or both. In many instances she is thrown out of her own house and rejected by her family and friends.

In the past, women awaiting fistula repair slept in one tattered tent or on the ground. Following their surgery, patients recovered in one small, cluttered room or shared rooms in other areas of the hospital. The new space dedicated to fistula repair gives long-ignored, ostracized and often mistreated women a special opportunity to regain their health and dignity within the stark conditions of surrounding Darfur.

The new facility in Zalingei will be able to treat as many as 1,270 cases per year. Midwives and nurses have been recruited to work at the Centre, educating women about fistula and helping them to recover their dignity once the operation is complete. The Centre will also provide psycho-social counselling for patients, facilitating reintegration into their families and communities.

UNFPA's office in Sudan estimates that 5000 new cases of obstetric fistula occur there every year. Of the women affected, more than 60 per cent are from West Darfur and neighbouring states. The average cost of fistula surgery and post-operative care for one woman is just \$300. But poor women, especially in conflict zones, cannot access services even where they are available. Distance and costs often are insurmountable.



Western Darfur has some 657,000 people displaced by conflict. One quarter, or roughly 150,000, are women of reproductive age. Women in this conflict-torn region are especially at risk and must overcome a number of obstacles to get medical assistance. Leaving their village to seek health care means running a gauntlet: finding transportation, traveling long distances to hospitals with trained staff and functional equipment, and running into armed gangs along the road who extort money and often resort to violence. Finally arriving at a health centre, the minimal costs for treatment may still be too high for impoverished women to pay.

The new Fistula Centre in Zalingei will make a difference not only for this region, but will be able to accommodate patients from the Eastern Corridor, North and South Darfur as well as refugees from Chad and the Central African Republic. This facility will complement two additional fistula centres in Khartoum and Juba.

Although fistula has essentially been eliminated in countries where emergency obstetric care is widely available, it continues to affect at least 2 million women globally. Between 50,000 and 100,000 new fistulas develop every year, mostly to young mothers whose bodies are not developed enough to carry a pregnancy to term without complications.

SUDAN

Addressing Sexual Violence in Darfur

More than two million Sudanese have been displaced since fighting began in the Darfur region of western Sudan in March 2003. Violence against women and children by warring groups is reaching alarming levels, but despite growing international attention to the phenomenon, sexual violence in Darfur is under-reported and under-treated, and there is little evidence that culprits are being actively sought, let alone punished, for their crimes.

Cultural taboos prevent many victims of sexual violence from talking about it outside their own families, even to doctors or nurses. Some women may be afraid to seek medical treatment due to mandatory reporting requirements. To be treated, a victim must fill out a form giving her own name and the name of her attacker. Some women interviewed said that the lack of confidentiality prevents them from reporting the crime and, therefore, from receiving appropriate treatment.

In October 2004, UNFPA was mandated by the UN Country Team to coordinate prevention and care for gender-based violence in Darfur. As detailed below, UNFPA is implementing this mandate through coordination of working groups at the federal and state levels; advocacy for protection and for change in service provision policies; development of guidelines and protocols; and capacity building for NGOs, UN agencies and the government.

As a part of its responsibility for maternal and reproductive health in Darfur, UNFPA also works through implementing partners (NGOs) and the Government of Sudan to provide training and medical equipment and supplies for the management and treatment of sexual violence cases. In collaboration with WHO, UNFPA is responsible for ensuring access and timely response to the health care needs of survivors.

Coordination of prevention and care. Interagency groups to address gender-based violence have been established in Khartoum and in all three Darfur states. These coordination committees meet regularly to plan and share information to ensure quality of care and standardization of services and to facilitate

collaboration. UNFPA has also contributed to coordination by mapping interventions to identify gaps in response and facilitate more efficient use of resources. Matrices are now updated and shared with partners on a quarterly basis.

Providing health care to survivors. To ensure that survivors receive immediate health services and longer term psychosocial support, UNFPA has led negotiations with authorities on procedures to ensure protection and confidentiality for patients, and developed a referral pathway for use by service providers. In addition, UNFPA worked with the Sudan National AIDS Programme to establish policies and guidelines on Post-Exposure HIV Prophylaxis. UNFPA is also field testing the new WHO guidelines on Clinical Management of Sexual Violence, is leading the development of a training manual, and has provided training for health care workers and medical equipment and supplies to NGOs, health centres and referral hospitals.

Capacity building. To improve and strengthen the prevention and response capacities of the implementing partners, UNFPA has facilitated a variety of training programmes for government and international and local NGO staff in Darfur. Topics include: basic concepts of gender-based violence and human rights; codes of conduct; clinical management of rape survivors; psychosocial and emotional support for community volunteers and medical personnel; multi-sectoral approaches to gender-based violence prevention and response; counselling of rape survivors; international human rights law; family protection; and the relationship between sexual violence and HIV.

UNFPA and partners are working with African Union Civil Police to set up escorts to ensure security for women and girls during firewood collection, establish monitoring in camps for displaced persons and to increase deployment of female CivPol staff. UNFPA, FAO and NGOs have established distribution and training programmes on the use of fuel-efficient stoves (to reduce the demand for firewood) and are providing security at many water points. Women's centres have also been established in the camps to provide secure areas for discussion and for psychosocial support for survivors. These centres also offer adult literacy classes and skills training.

Advocacy. UNFPA and the coordination committees advocate for security for women and girls, prosecution of perpetrators of violence, and access to legal, medical and psychosocial support. This advocacy has helped to raise awareness of the issues at the highest levels and to change the policy environment. The UN now co-chairs a committee with the State Minister of Health that has greatly facilitated prevention and care by briefing of police officials on new policies related to Form 8—the police report that victims were required to fill out before receiving medical attention—and raising awareness of the rights of survivors. Other recent milestones include the drafting of an Action Plan to Eliminate Violence Against Women for Darfur and the establishment of a government technical committee formed by the Ministry of Foreign Affairs.

Monitoring and data collection. Despite widespread reports of sexual violence and other forms of gender-based violence in Darfur, the availability of good quality data on the magnitude or patterns of the problem is very limited. UNFPA is currently working with implementing partners to compile the various existing information and data sets.

WOMEN AND EMERGENCIES

Women form the backbone of families and communities. When emergencies strike, their important contributions become even more vital. But in times of crisis, the particular strengths and vulnerabilities of women are often overlooked in the rush to provide humanitarian assistance.

A new colorful booklet, *Women are the Fabric: Reproductive Health for Communities in Crisis*, describes how women are affected by crisis and the ways UNFPA works with partners to ensure that the specific needs of women are factored into the planning of all humanitarian assistance and addresses urgent reproductive health needs that are sometimes forgotten.



The new book is divided into three sections.

The first focuses on the immediate aftermath of a crisis, before humanitarian assistance has arrived. It describes the effects of displacement and looks at the ways that women often become responsible for the care and safety of children, the injured and the elderly – especially when have been killed or are away fighting or helping to rebuild. The book also looks at some of the unique humanitarian concerns of women and girls, including those related to pregnancy, hygiene, and increased vulnerability to HIV infection and sexual violence.

The second section gives a few examples of how the planners and providers of overall humanitarian assistance – such as food, water and hygiene and security – must take gender considerations into account to make sure that it serves the needs of women and their families, and does not make women and girls even more vulnerable to exploitation and abuse.

The final section looks at the sometimes “forgotten needs” that UNFPA addresses in an emergency – specifically needs related to safe motherhood, HIV prevention, and prevention and care of cases of sexual violence.

Women are the Fabric is available in English, French and Spanish. To view the book online, please visit <http://www.unfpa.org/publications/detail.cfm?ID=302>.

To order copies, please contact David Del Vecchio at delvecchio@unfpa.org