



SOUTH SUDAN

Supporting Recovery by Measuring and Reducing Maternal Mortality

Since the signing of a Comprehensive Peace Agreement in 2005, South Sudan has begun a slow but steady recovery after a brutal 21-year conflict that killed an estimated 2 million people and forced more than 4 million from their homes. The relative peace has made it possible for UNFPA and humanitarian partners to collect urgently needed health data for the first time in decades.



With support from UNFPA, the Government of National Unity and the Government of South Sudan conducted a Household and Health Survey in 2006 which put the maternal mortality rate for South Sudan at over 2,000 per 100,000 births. UNFPA South Sudan recently completed a detailed situational analysis of reproductive health in all ten states in Southern Sudan with findings that bear out the disturbing statistic, which makes Southern Sudan's maternal mortality rate the highest in the world.

To help address this health emergency, made worse by South Sudan's devastated infrastructure and the limited implementing capacity of its government, UNFPA has launched an aggressive campaign on emergency obstetric and neonatal care (EmONC) training across South Sudan. In its initial phase, the campaign is targeting hospitals but will expand to include less sophisticated facilities in rural settings in the near future. One of the trainings will take place in the state of Northern Bahr el Ghazal, a densely populated area to which many people are returning from the Darfur region. UNFPA has also supported the returns process by procuring reproductive health kits for returning populations.

NEPAL

Restoring medical services in conflict zones

Thanks to a recent agreement halting 10 years of civil conflict in Nepal, UNFPA and other agencies working in Nepal have been able to start restoring medical services in contested areas. Many health workers fled the fighting between government troops and Maoist rebels, and insecurity prevented residents from travelling to get needed treatment, including tens of thousands of women suffering from uterine prolapse and other complications stemming from unassisted labour.

Last November, a medical team from the Adventist Development and Relief Agency began a one-year tour of six conflict-affected mid-western and western districts, setting up camp for a few days at a time in remote towns and villages. They saw nearly 20,000 clients in the first four months.

The camps are organized by UNFPA with funding from ECHO, the European Commission's Humanitarian Aid department, which supports relief activities for vulnerable people in crisis zones around the world. The focus is on reproductive health care – including family planning, prenatal exams, and treatment for sexually transmitted infections – but no one is turned away.

Women with prolapsed uteruses are a principal target group. An estimated 600,000 Nepalese women of reproductive age, one in ten, suffer from the condition to some degree. About two thirds of them need corrective surgery, but very few have access to it.



Uterine prolapse can result from prolonged labour, early pregnancy, improper delivery techniques, resuming work too soon after childbirth, or births too closely spaced. All of these conditions are common in rural Nepal, where child marriage is common, family planning use is low, women typically carry firewood and other heavy loads, and nine out of ten give birth at home without a skilled birth attendant.

On their first day visiting the camps, the ADRA-led team treated 180 residents for a wide variety of ailments. On the second day, after news of the camp spread throughout the area, 456 clients came, including about 250 gynaecology patients. Many were treated for reproductive tract infections; others had prenatal exams or pregnancy tests.

The ADRA mobile team of 12, including two doctors and two nurses, was assisted by about 20 district and local health workers.

The ECHO-supported camps can meet only a small fraction of the accumulated need for reproductive health services in Nepal's impoverished far western and midwestern districts. The government-run health system is beset with crippling shortages of skilled personnel, medicine and equipment. Most villages rely on barely trained female community health volunteers for medical care.

Women who experience problems in labour, for instance, typically have to be transported for long distances over rough mountain roads to reach a health centre with a doctor and a blood supply. Only one facility in all of western Nepal, the privately run Team Hospital in Dadeldhura, offers Caesarean sections.

The reproductive health camps are addressing a deep need at a critical juncture in Nepal's history. "Now that the war has stopped, communities have high expectations that there will be a peace dividend," said Junko Sasaki, UNFPA Representative in Nepal. "They want to have quick access to basic services, including reproductive health care."

Earlier this year Japan agreed to give UNFPA \$400,000 to provide additional reproductive health camps in conflict-affected areas of Nepal.

SOLOMON ISLANDS

Contingency Planning Facilitates Rapid Assistance Following Quake and Tsunami



In April, UNFPA sent emergency health kits to the Solomon Islands to ensure that expectant mothers affected by a powerful earthquake and tsunami could deliver their babies in a safe and clean environment. The kits were dispatched immediately after a UN Disaster Assessment Team determined that maternal deaths could increase in the face of damage to hospitals and stockouts of critical reproductive health supplies.

In December, UNFPA had created a regional stockpile of emergency provisions for clinical and home deliveries, testing for sexually transmitted infections, and other reproductive health supplies. "This forward planning enabled us to respond early to this disaster," says UNFPA Representative Najib Assifi.

LIBERIA

Training Health Professionals to Protect Rape Survivors

Survivors of rape in Liberia will now have greater access to doctors and other medical staff who can attend to their needs following a training workshop given in March by Dr. Wilma Doedens of the UNFPA Humanitarian Response Unit. The joint UNFPA/UNHCR training programme, entitled *Clinical Management of Rape Survivors*, has now trained more than 400 medical professionals in 15 crisis-affected countries.

These trainings are especially important in countries in or emerging from conflict, because sexual violence is often common in these situations, and medical staff may not be up to date on the latest treatments. Bridging this gap is one of the key aims of the training.



For example, initial protocols for medical management of survivors of rape in humanitarian crises were developed about five years ago. Two years later, WHO, UNFPA and UNHCR recommended including PEP, or Post-Exposure Prophylaxis designed to prevent transmission of HIV, in the treatment protocol. Training workshops were needed to dispel the many misconceptions around PEP procedures that existed in the field.

"In refugee settings there has been much confusion and many myths around PEP among medical staff, so the development of rape survivor management training that explains PEP and other essential treatments has been an important step," said Dr. Doedens.

Another challenge to providing care following sexual violence is confidentiality.

In Liberia, a planned workshop will include lawyers, police, and social and health service providers in an effort to discuss issues of referral and confidentiality and how to best support survivors of rape.

AFGHANISTAN

Promoting Safe Motherhood

In April 2007, Executive Director Thoraya Ahmed Obaid visited Afghanistan, where she met with President Hamid Karzai and spoke of her concerns on the well-being of Afghanistan's women.

Afghanistan has one of the highest maternal mortality rates in the world. One mother dies for every sixty births, and the maternal death rate is even higher in some provinces. In a press conference with Asia-Pacific Regional Director Sultan Aziz, Ms. Obaid identified three causes of the country's unacceptably high mortality rate: childbirth without a skilled attendant, limited access to emergency obstetric care, and the lack of birth spacing. The Executive Director emphasized that birth spacing, in particular, could "help mothers to become healthier, devote more attention to the child, and help ensure that the



mother doesn't die when the child is born". She also noted that as a natural method of family planning, spacing could be highly appealing to women in Afghanistan's predominantly Muslim society.

UNFPA continues to work with the Ministry of Health in training midwives and other female health personnel while supporting eight maternity hospitals in three provinces. By increasing the number of female health workers and strengthening the national health system, the Fund hopes to be able to increase the number of women who have access to a comprehensive package of lifesaving health services, including skilled attendance at birth and access to emergency obstetric care.

COTE D'IVOIRE

HIV/AIDS programming for IDPs

In 2002, a failed coup triggered a brief civil war in the Côte d'Ivoire. Although the conflict itself was short-lived and a peace deal has been signed, the nation is still divided between a government-run south and a rebel-held north, and many areas of the country are still insecure. Against this backdrop of political uncertainty, the humanitarian situation in the country continues to deteriorate with devastating effects, particularly for approximately 700,000 displaced and other vulnerable groups in the volatile west and an increasingly impoverished north.



UNFPA has been implementing an HIV/AIDS project for refugees, IDPs, and the host community in the west of the country near Liberia. The project has trained over 200 peer educators, NGO staff, community members, and health workers in palliative care, the prevention of mother-to-child transmission, the social marketing of condoms, and behavioural change. A voluntary counselling and testing site is also being established in Zouan Hounien, a town on the Liberian border that had been heavily affected by the conflict and severed from access to healthcare for an extended period of time.

OCCUPIED PALESTINIAN TERRITORY

Supporting Displaced Families in Northern Gaza

At about 9:30 AM on the 27th of March, 2007, a basin of sewage from a wastewater treatment plant burst its banks and flooded part of the Bedouin village of Um Al Nasser in northern Gaza, home to about 5,000 inhabitants (700 families). Two children and three women were killed and 25 were injured. Over 2,000 persons were made homeless and evacuated from the flooded village into a nearby temporary camp, established by UNRWA. The Palestinian Ministry of Health has declared a state of emergency in the Gaza strip, and 24-hour clinics and medical points have been set up close to the affected area.



In response to the emergency, UNFPA, together with its partner the Red Crescent Society in Gaza, distributed over 200 hygiene kits to women and provided psychosocial support to families staying in the temporary camp. Furthermore, a referral system has been developed to provide the displaced women with reproductive health services free of charge. UNFPA is currently coordinating its efforts for further assistance with

UN sister agencies, government ministries and non-governmental organisations working in the Gaza Strip.

Both those who have relocated to the camp and those remaining in Um Al Nasser village are vulnerable to several communicable diseases owing to the inadequate quantity and quality of the water supply, poor personal hygiene and poor washing facilities. Amid fears over the outbreak of disease, a continuing concern is the risk of further flooding. The United Nations has warned that a further 800 Palestinian homes could be swamped by raw sewage if nearby wastewater basins are not shored up immediately.

ETHIOPIA

Assessing Gender-Based Violence Among Refugees

In February and March, UNFPA conducted a two-week assessment of gender-based violence in two refugee camps in Ethiopia, to identify the level of GBV interventions in camps and to help develop a plan to address gaps. The UNFPA assessment team chose the Kebri Bevah refugee camp near Somalia and the Shimelba refugee camp on the border with Eritrea for a number of reasons: the two camps are the worst served in Ethiopia, have the worst financing, continue to receive new influxes of refugees, and are likely to remain in operation longer than other camps because repatriation is not seen as a viable option for camp residents.

The camps exhibited a range of sexual violence. Youth gangs composed of disillusioned young men and boys, frustrated with their inability to earn income, were thought responsible for much of the insecurity and many of the rapes in Kebri Beyah. Collecting firewood was a major contributing factor to GBV in both camps; in Shimelba, where wood is a scarce resource and a source of contention between the refugees and the host community, women sometimes spent up to 7 hours a day collecting firewood, increasing their vulnerability to physical and sexual assault.

The extreme stigmatization of known GBV victims makes it likely that cases are severely underreported. In both camps, underreporting was also believed to be compounded by a lack of trust among refugees in the legal system and the police. Access to courts and lawyers was expensive and difficult, and many refugees were not convinced that reporting to the police would have any positive results. Neither camp had adequate numbers of health personnel trained in the clinical management of GBV, nor offered any psycho-social support for victims of GBV.



The assessment will be used to design an operational plan for comprehensive GBV support packages in both camps. UNFPA has identified partners and programs to support, activities to strengthen and scale up, and is already committed to supplying post-exposure prophylaxis (PEP) kits in both camps.