



## HUMANITARIAN APPEAL 2008

The United Nations Population Fund is requesting that international donors contribute \$38 million for projects to address the urgent reproductive health needs of refugees, internally displaced persons and others in 24 countries affected by conflict or natural disaster. 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 2008](#) launched yesterday in Geneva. The consolidated appeal by United Nations agencies, the International Committee of the Red Cross and more than 100 non-governmental organizations (NGOs) calls on international donors to contribute \$3.8 billion to help 25 million crisis-afflicted people in 24 countries in 2008.

"Many humanitarian crises involving conflict continue, in Somalia, Sudan, the occupied Palestinian territory, and the Democratic Republic of the Congo to name just a few," said John Holmes, the Under-Secretary-General for Humanitarian Affairs and Emergency Relief Coordinator, at the launch of the appeal yesterday at United Nations headquarters, Geneva.

Urgent interventions to promote safe motherhood, HIV prevention, and data collection are among the interventions proposed by UNFPA under its portion of the 2008 Humanitarian Appeal. The Fund has also proposed a wide range of interventions to prevent and respond to cases of sexual violence, and to ensure that the other specific needs and vulnerabilities of crisis-affected women and girls are addressed by all humanitarian partners.

Examples of specific UNFPA activities covered in the 2008 Appeal include:

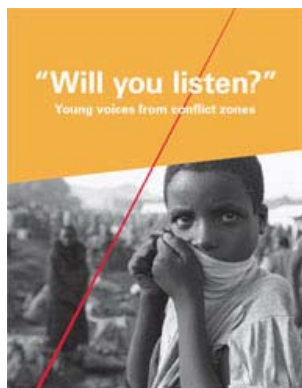
- Strengthening access to maternal health care and other vital reproductive health services in war-torn Somalia;
- Preventing and responding to cases of sexual violence among people displaced by conflict in Darfur, Sudan and living in internal displacement camps or as refugees in neighbouring Chad and Central African Republic;
- Reducing maternal and infant mortality in the Occupied Palestinian Territory, where strict closures, curfews and checkpoints are severely limiting pregnant women's access to care in the West Bank and Gaza;
- Preventing HIV infection among vulnerable women and girls in Zimbabwe, which has one of the highest HIV prevalence rates in the world.

The UNFPA projects would be carried out in close collaboration with national governments, local NGOs and UN partner agencies, including UNHCR, UNICEF, WFP 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\\_2008.html](http://www.unfpa.org/emergencies/appeals_2008.html)

## WILL YOU LISTEN? EMERGENCIES AND YOUNG PEOPLE

In 1996, then UN Secretary-General Boutros Boutros-Ghali commissioned Graça Machel to produce a ground-breaking report on the impact of armed conflict on children, putting the issues of children and young people affected by conflict on the international agenda. The devastating consequences of conflict upon children, from the forced recruitment of child soldiers to the sexual exploitation of young girls, have become increasingly visible in the ten years since the report was first published.



On 17 October 2007, a 10-Year Strategic Review was launched to assess progress made and to determine future priorities. In preparation for the launch, UNFPA produced a Youth Report to supplement the review, titled *Will you Listen? Young Voices from Conflict Zones*. Written by UNFPA Special Youth Fellow Chernor Bah, a 22-year-old former refugee from Sierra Leone, the youth report compiles the views and recommendations of some 1,700 children and young people in 92 countries, collected through focus group discussions and an online questionnaire.

The Youth Report is written in the voices of young people and children themselves, with a particular emphasis on the stories and experiences of those who have lived through war. At the same time, it offers concrete recommendations on how to work with and for young people in conflict while calling for greater youth participation in both the design and implementation

of programmes.

*"We want to reach out and help other children in our communities, children from other parts of the conflict, or children in other countries. We want you to support our groups, organizations, networks and parliaments in our work and our efforts to contribute to change...We want to work hand in hand with you". – excerpted from Will You Listen? Young Voices from Conflict Zones.*

To access the complete Youth Report, please click [here](#). For hard copies, please contact Cécile Mazzacurati at: [mazzacurati@unfpa.org](mailto:mazzacurati@unfpa.org)

## PREVENTING AND RESPONDING TO GENDER BASED VIOLENCE

### UNFPA pilot tests a new intensive course on gender based violence at Ghent University

In early November 2007, UNFPA conducted a two-week intensive course on gender-based violence (GBV) at Ghent University in Belgium. 21 participants attended the training course as UN, NGO, University and Government representatives from several different countries (Nepal, Sudan, Liberia, Uganda, Malawi, Pakistan, India, Tanzania, Thailand, Chad, Kenya, Rwanda, the United States and Belgium). Participants were drawn from a variety of professional backgrounds and experiences in both humanitarian and development work.

The objectives of the course were to improve knowledge, understanding and communication skills to effectively prevent and respond to GBV in humanitarian settings. As a pilot course, it was highly interactive, drawing on feedback from all participants at several stages to help improve the course and maximize benefits for participants.

This initiative was conceived in partnership with the International Centre for Reproductive Health of Ghent University (Belgium) and was supported by the Flemish Inter-university Council (VLIR), UN Action against Sexual Violence in Conflict, and the Inter-Agency Standing Committee's Sub-Working Group on Gender and Humanitarian Action.

UNFPA is also an active member of UN Action against Sexual Violence in Conflict (UN Action), which unites the work of 12 UN entities to prevent all



forms of gender based violence, including sexual violence, in conflict. In December 2007, the official website for UN Action was finally unveiled. Please visit [www.stoprapenow.org](http://www.stoprapenow.org) for news from the field, testimonies from survivors, and opportunities to join the fight against sexual violence.

## LIBERIA

### Majority of Liberian Women Suffered Sexual Violence During War



A new survey released by UNFPA and the Centers for Disease Control and Prevention (CDC) reveals that more than half of all women in Lofa County, northern Liberia, reported at least one incident of sexual violence during the most recent conflict (1999-2003), while nearly 90 per cent reported at least one incident of physical violence.

Pamela Delargy, chief of UNFPA's Humanitarian Response Unit, notes that "the Lofa survey has shocking findings on the extent of sexual violence, exploitation, and abuse during the war, and is the first 'scientific' survey on the experiences of women during the conflict".

Of the 907 women surveyed in 36 villages in Lofa County:

- More than 98 per cent lost shelter, 90.8 per cent lost their livelihoods, and 72.8 per cent lost a family member due to the war;
- Almost half of all recent births occurred at home without the assistance of a skilled medical attendant;
- More than 75 per cent of recent births reported by women had some type of medical complication during the pregnancy; and
- Less than 15 per cent have comprehensive knowledge of the prevention and transmission of HIV/AIDS.

UNFPA has been implementing reintegration programmes for war-affected women and girls and women associated with armed forces in Lofa country by providing reproductive health services, STI treatment, day-care facilities, and income generating activities. In addition, UNFPA has been scaling up reproductive health services in communities receiving displaced persons, returnees and demobilised personnel, primarily in Lofa and Nimba counties. The Fund has also been supplying medical kits and supplies (including rape treatment and post-exposure prophylaxis) to NGOs in 15 counties in the country and the Ministry of Health, training health workers on the clinical management of rape, and supporting the Association of Female Lawyers in Liberia (AFELL) to prevent and respond to GBV cases.

To read the complete survey, please click [here](#).

## GETTING THE RIGHT DATA RIGHT

Evidence has shown time and time again that women and children are disproportionately affected by crises, including natural disasters. In 1991, floods in Bangladesh killed four times as many women as men among those from 20-44 years of age. In 2004, the tsunami killed between 1.2 and 2.1 times more women than men. At the same time, data disaggregated by age and sex is rarely collected in emergency situations and data on gender disparities in disaster mortality remains limited. When the collection of good data is not figured into emergency response, the different vulnerabilities and capabilities of women and men, older persons and young people, higher and lower caste members, may not be recognised and factored in, with serious consequences.



In the latest issue of *Forced Migration Review*, Dr. Henia Dakkak, Senior Technical Specialist at UNFPA and co-chair of the Inter-Agency Standing Committee's Sub-Working Group on Gender and Humanitarian Assistance, Lisa Eklund, UNFPA consultant, and Siri Tellier, Director of UNFPA's Geneva office, have published a joint article titled *Gender and reform: getting the right data right*, highlighting the need to collect data disaggregated by age and sex during emergencies. The article elaborates on the need for disaggregated data in three parts describing: the lack of disaggregated data; the stereotyping of gender disparities; and the importance of gender analyses that include how both sexes are uniquely affected by crisis and not only females.

To view this article and its closing recommendations in full, please visit:  
<http://www.fmreview.org/humanitarianreform.htm>

## RESPONDING TO NATURAL DISASTER

2007 saw the onset of a large number of natural disasters, ranging from severe floods to earthquakes that have devastated communities and affected millions of people. UNFPA has been offering assistance in many recent disasters, including floods in Bangladesh and the Dominican Republic, and drought in Moldova.



In response to needs generated by the cyclone that hit Bangladesh in mid-November, UNFPA distributed comprehensive packages including equipment and medicines to 40 subdistrict health facilities that take care of pregnant women. An estimated 30,000 women — of the 6.7 million people affected by the storm — were in the third trimester of their pregnancies when the cyclone hit, with an estimated 4,500 of these women likely to experience potentially life-threatening complications. The supplies were sent to ensure the safe delivery of the babies expected to be born in cyclone-affected for the two to three months following the disaster, and help prevent maternal deaths and disabilities among the pregnant women.

UNFPA is also appealing to international donors for \$615,000 to step up its efforts to protect the reproductive health and safety of survivors of Tropical Storm Noel in the Dominican Republic. The storm, which caused major flooding, landslides and the destruction of bridges when it swept across the Dominican Republic, left more than 80 people dead and forced at least 65,000 from their homes. UNFPA is also working to protect women, girls and other vulnerable groups (including the elderly and the disabled) in the storm-affected areas by providing legal, medical and psychosocial information and services to affected groups, in addition to gender training to humanitarian workers.

In Moldova, relief has come for women living in regions suffering from the severe drought of 2007, which has already affected 80 per cent of the country. The lack of rain has been an especially drastic impediment to grain production in a country heavily dependant on agriculture.

On 18 October, UNFPA, the United Nations Population Fund, presented the Moldovan Ministry of Health with 4,700 boxes of food packages intended to help pregnant women and nursing mothers as part of the Fund's ongoing work to make motherhood safer. 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.

## ZIMBABWE

### Preventing gender based violence

Disastrous economic conditions, political and development challenges, and recurrent drought have led to a precipitous decline in the population's ability to access health care and basic services. At the same time, mass migration, including illegal immigration and the emigration of skilled labor, has made mobile populations much more vulnerable to HIV/AIDS and gender-based violence (GBV).

In Hopely and Hatcliffe, two communities on the outskirts of the capital city of Harare, several reports published in the fall of 2006 indicated that there was significant underreporting of GBV, particularly among displaced communities. Victims of GBV face the full consequences of abuse, ranging from trauma, broken limbs, unwanted pregnancy, STIs and HIV and a further breakdown of families. Yet most of these could be prevented if appropriate and adequate strategies for prevention and protection were put in place. UNFPA has been working in these communities since 2005 to help raise awareness on gender based violence and provide services for survivors.

In 2007, UNFPA partnered with the International Organization for Migration (IOM) and Population Services International (PSI) to conduct community sensitisation workshops on GBV prevention and management in Hopely and Hatcliffe. The focus of the meetings was to raise awareness on what constitutes GBV, what victims should do in the event of experiencing GBV and where to go for various forms of assistance.



The workshops targeted leadership and community representatives. As part of a multi-sectoral approach, medical professionals were trained on the management of GBV, including rape, while experts from the courts, the police, forensics and counselling were sensitized on GBV issues. UNFPA, IOM and UNICEF are in the process of mobilizing additional funds for GBV prevention and response in Beitbridge targeting migrant populations on the Zimbabwe-South Africa border.

## **DEMOCRATIC REPUBLIC OF CONGO**

### **Working with peacekeepers**



In the Democratic Republic of Congo (DRC), violent clashes between the national army and various rebel groups continue to affect the eastern provinces of the country. At the same time, insecurity has led to heightened risk for the transmission of HIV/AIDS and sexual violence, which are significant problems in DRC. UNFPA's partnership with the peacekeeping mission in the country (MONUC) has helped increase access to reproductive health services for highly vulnerable populations, including pregnant women and youth. At the same time, UNFPA has been raising awareness on sexual and reproductive health

issues among, and providing condoms for, the national army, police, and peacekeepers themselves, who are also high-risk groups.

In Mbandaka, UNFPA's collaboration with MONUC was especially fruitful: MONUC rehabilitated healthcare infrastructure while UNFPA supplied medical equipment. UNFPA often uses the logistical support of MONUC to access difficult-to-reach zones, and has been able to evaluate and identify the needs of the population in different zones with the help of MONUC.

"For the hard-to-reach areas, we think that in bringing services to these zones, and in paying for health services, we give more dignity and more aid to the local population", said Cheikh Tidiane Cisse of the UNFPA office in DRC. "The poorest Congolese need access to healthcare to regain their dignity, starting with the villages. All the work that we do is based on the rights of people to health care and information. It is not enough to throw money at the problems and hope that things will right themselves".

## **SUDAN**

### **Dispatches from Darfur**

Since the conflict began in the Darfur region of Sudan in 2003, over 200,000 people have been killed and more than two million have been displaced. Altogether, some 4 million people are in need of humanitarian aid and protection.

Violence against civilians, much of it targeted against women, has been an ongoing feature of the conflict. Thousands of women have been raped. Villages have been burned to the ground and destroyed, forcing their inhabitants to flee, often with just the clothes on their backs. With their villages destroyed, many families have lived for years on the run, in informal settlements or in internal refugee camps throughout Darfur. Some of the difficult issues they deal with on a daily basis are chronicled in feature stories at [www.unfpa.org/emergencies](http://www.unfpa.org/emergencies). Some of these stories are excerpted below.

Nighttime emergency obstetric cases are a problem in South Darfur's camps for internally displaced persons (IDPs) because of a lack of trained personnel and after-hours transport. Awatif, in the sixth month of her pregnancy in an IDP camp outside of Nyala, the capital of South Darfur, is frightened of giving birth after the sun goes down.

"I'm afraid," said the 27-year-old mother, swathed in a shawl colored with sunset shades of orange, red and purple. "I'm worried – I don't know what will happen. I want a midwife to be by me in case something happens." If she develops complications overnight, only donkey carts are available for transport to the hospital in Nyala.



UNFPA has initiated sensitization sessions at the camps to teach both women and men about the importance of seeking maternal health care from trained medical personnel. The Fund also has begun supporting pooled community-based transportation funds to cover emergency night referrals.

Twenty-year-old Zahara, an internally displaced person who lives in Manawashi, an area of Darfur, was attacked and raped three years ago when she was foraging for firewood with about 20 other women.

"The others escaped," says Zahara, an orange veil pulled down low over face obscuring her features. "They chased after me and caught me. Then they raped me."

Her grandmother and other women searched for her and brought her bruised and battered granddaughter back on a donkey.



They took her to a nearby clinic for treatment. UNFPA provides the clinic with kits for post-rape care, including post-exposure prophylaxis with antiretroviral drugs to prevent HIV transmission, as well as other maternal and reproductive health services. Medical personnel have been trained on post-rape treatment. UNFPA is also working at the grassroots level to combat gender-based violence (GBV). The South Darfur office supports a GBV forum composed of men, women and young people from host and camp communities. The forum meets biweekly to discuss and respond to security issues faced by women and girls in the IDP camps.

UNFPA also supports centres in several IDP camps in South Darfur where women can meet outside their homes and find refuge from the stresses of camp life in the companionship of other women. More than 2,000 women have benefited from the programme.

"Our houses are very small and hot," explains Awatif, one woman selected to organize and lead activities at the centre in her camp. "We didn't have a place to meet. Now there is a place for women to come."

Today, the centre, which cost about \$2,500 to construct and outfit using locally available wood and straw, has over 360 members. A nominal monthly membership fee is charged to pay for guards and teachers, but those who cannot pay are not kept away. Math, reading and Arabic are taught to the women, most of whom had never had an opportunity to go to school. Members also receive information on women's health and rights, including messages about violence against women.

UNFPA distributed over 5,000 reproductive emergency health kits including clean delivery kits and post-rape kits throughout Darfur in 2006 and 2007. UNFPA is also providing a variety of

contraceptives, including condoms and oral contraceptives, as part of this minimum aid package. Darfur has a 7 per cent rate of contraception usage, compared to over 20 per cent in the Sudanese capital, Khartoum.

“Many people in rural Darfur have never seen a doctor. They don’t even know about contraception,” says Sylvia Ness, a UNFPA consultant. “Every man or woman should be able to choose, obtain and use quality products whenever they need them.”

## SLOVENIA

### Ensuring Reproductive Health Services and Rights Before, During, and After Conflict

In the framework of the Slovenian EU presidency in the first half of 2008, the seminar *“Impact of crises and conflict on sexual and reproductive health and rights; the EU is to act!”* was held in Ljubljana, Slovenia on 22 November 2007.

Participants from the Balkan countries highlighted the fact that sexual and reproductive health and rights (SRHR) had been severely neglected during the war, the post-conflict era and in the current democratization process.

The seminar was organized by Slovene Philanthropy, the Association for Promotion of Voluntary Work, the International Planned Parenthood Federation European Network and World Population Foundation in collaboration with SLOGA (Slovene platform of non-governmental development organizations) and the Slovene Ministry of Foreign Affairs. Dr. Wilma Doedens, Technical Specialist for UNFPA, delivered a keynote speech on dealing with sexual and reproductive health and rights and providing reproductive health supplies in conflict-affected areas.



Seminar participants from 12 European countries agreed on a set of policy recommendations for the upcoming Slovenian presidency of the EU, which included the need to:

- Make SRHR in crises and conflict areas, including the fight against sexual violence, a priority in policies, funding and services throughout all stages of a crisis, from emergency through reconstruction and development;
- Provide SRH services and reproductive health supplies, and ensure sufficient funding;
- Require that progress in combating violence against women and girls is an indicator in the EC assessment of the governance of third countries;
- Ensure that ECHO, other EU institutions and member states follow the internationally agreed guidelines and standards, such as the SPHERE standards, the Minimum Initial Service Package, and the Inter-Agency Standing Committee Guidelines for Gender-based Violence; and
- Develop an action plan on the basis of the European Consensus on Humanitarian Aid which includes SRH services.

For the full text of the recommendations, please click [here](#).