



The Humanitarian Response Newsletter

April 2008

Kenya



At the onset of the post-election crisis which started in late December 2007 it was estimated that more than 250,000 people had been displaced and more than 1,000 had been killed. About 300 camps were established to attend to the displaced and many of them were informal areas where men and women were forced to sleep in tents or out in the open. Due to lack of security in these areas thousands of displaced girls and women were particularly vulnerable to rape and sexual abuse. One woman, a 32 year old mother of three, was sexually assaulted in her own home, while another, just 23 years old, was raped by three men on her way home. These are just two of many women and girls throughout Kenya who have suffered sexual violence since the elections.

Data emerging from specialized health centres serving survivors suggests that sexual violence is widespread in communities affected by post-election violence. Jeanne Ward, a technical consultant on gender-based violence for UNFPA noted that "sexual violence is not only occurring as a by-product of the collapse of moral and social order in Kenya brought on by the post-election conflict; it is also being used as a tool to terrorize families and individuals and precipitate their expulsion from the communities in which they live".

In many rural areas where women are encamped there is often a great lack in services to provide assistance to sexual violence survivors. Therefore, women cannot access the care they need to protect them from unwanted pregnancies or sexually transmitted infection or be able to report the incident to police. Even in peaceful times, Kenyan women – like most women around the world – may not report sexual violence out of fear, stigma, and shame. Some may even risk being disowned by their families or communities if they speak out.

Within the first two weeks of the crisis, UNFPA spearheaded an assessment in partnership with UNICEF, UNIFEM, and CCF in 5 'hotspot' areas: Nakuru, Eldoret, Mombasa, Nairobi, and Kisumu/Kiisi, focusing on sexual violence. UNFPA has been providing victims of sexual violence with medicines to treat sexually transmitted infections and with post-exposure prophylactics to prevent the transmission of HIV. In collaboration with UNIFEM, government, and other local NGO partners, UNFPA has also organised inter-ministerial trainings at the provincial and district levels to promote the integration of gender issues into emergency response and ensure the integration of gender-based violence prevention and response strategies into all aspects of humanitarian interventions. These trainings have focused on building government capacity and cover a range of specialized topics relating to gender-based violence from psycho-social support to sexual exploitation and abuse.



For more information on UNFPA and its partners' response to gender-based violence in Kenya, please visit: <http://www.humanitarianreform.org/Default.aspx?tabid=521>

Democratic Republic of Congo

In January 2008, the signing of a peace deal officially ended the conflicts that have raged in the Democratic Republic of Congo (DRC) for a decade. Residual insecurity in the Kivus, however, poses a significant hurdle to efforts by communities to rebuild and to re-integrate the more than 1 million people displaced by the conflict, and alarming rates of sexual violence remain as a consequence of the war. According to UNFPA

representative Dr. Margaret Agama, "sexual violence constitutes a plague in the DRC. Initially, rape was used as a tool of war by all the belligerent forces involved in the country's recent conflicts, but now sexual violence is unfortunately not only perpetrated by armed factions but also by ordinary people occupying positions of authority, neighbours, friends and family members". UNFPA, in collaboration with UN agencies, government officials and local NGOs, has been aiding survivors of sexual violence throughout DRC, including in the Eastern provinces of North and South Kivu, through the provision of medical care, economic and social rehabilitation, and legal assistance.



In Goma, the capital of North Kivu, plastic tents are situated next to the Centre Médical Kyeshero, one of the main hospitals. They accommodate in-patients - massive numbers of internally displaced persons and regular patients in and around Goma - seeking reproductive health services. Since 2004, the Centre Médical Kyeshero has been offering services including fistula repair, voluntary HIV counselling and testing, prevention of mother to child transmission of HIV, and family planning. Although the Centre Médical Kyeshero is not officially registered as a referral hospital, it serves a similar function, providing emergency obstetric care for women suffering complications during delivery. In addition to two main tents, each with 30 beds, an additional tent for victims of gender-based violence contains 36 beds and allows women to recuperate for anywhere from one week to two months.



UNFPA supports the Centre with equipment, supplies, and trainings for its clinical staff. One doctor working at Kyeshero received training in fistula repair at the renowned Pansi hospital in Bukavu, South Kivu, which provides services for obstetric fistula and also traumatic fistula which can result from sexual violence. A recent UNFPA HQ mission to the Democratic Republic of Congo included a site visit to the Centre Médical Kyeshero, where they were able to witness the successful referral of a woman with obstructed labor from a nearby IDP camp to deliver a healthy baby boy through caesarian section.

Chad

As tens of thousands of people fled the most recent outbreak of violence in March 2008, concerns for the health and safety of expectant mothers and their children have been raised by UNFPA and other humanitarian actors.

Thousands of refugees have streamed across the border between Chad and Cameroon to seek shelter from the fighting. UNFPA seeks to make motherhood as safe as possible during crisis situations by providing care before, during and after delivery and by providing family planning to those who want to delay or avoid pregnancy.

"Without existing health facilities, many Chadian refugees who are pregnant may not have access to the maternal health care they need", says Pamela Delargy, head of UNFPA's Humanitarian Response Unit. UNFPA will provide clean delivery kits, which include plastic sheeting, razor blades and soap, to ensure safe delivery to displaced mothers as well as support local health facilities to provide emergency obstetric care.

"As always, civilians suffer the most in conflict situations," said Cheikh T. Cisse', UNFPA Representative for Chad. "It is our responsibility to assist them and to ensure the special needs of women and girls are fully considered in all humanitarian response."



Working with Young People

With funding from Belgium, UNFPA engaged in a seven country project from 2001 to 2007 focusing on the needs of internally displaced young people. The project aimed at providing RH information and services to displaced adolescents, and raising awareness of the needs of a population doubly marginalized for being displaced within its own country's borders and for being a group with special

needs. The project was implemented in Burundi, Colombia, Democratic Republic of Congo, Liberia, the Occupied Palestinian Territories, Rwanda, and Sierra Leone.



The final report for this initiative was recently published by UNFPA, and details the major achievements and activities of the project. Overall the project improved awareness of RH and SGBV and increased access to RH services among adolescent IDPs in the seven project countries. Knowledge of the specific needs of adolescent IDPs was built at the field and global levels and local, national and international capacities to address these needs were reinforced. In Burundi, peer educators and mobile clinics were successfully used to reach out to marginalized IDP populations. In Colombia, innovative methodologies using the arts helped

adolescent IDPs regain their dignity and self-esteem. Life skills education and vocational training were provided to young women and sex workers in Liberia and Sierra Leone.

A major lesson learned from the project is that any project targeting young people should ensure their *direct involvement* at all phases, from design to implementation and evaluation. UNFPA intends to carry forward its work with young people in emergencies, building on the solid body of evidence and experience accumulated through the country-level activities of the Adolescent IDP Project. For a copy of the full report, or for more information on UNFPA's work with young people in humanitarian settings, please contact Ms. Cécile Mazzacurati at mazzacurati@unfpa.org

Sierra Leone

Despite its efforts to recover from more than a decade of conflict, Sierra Leone continues to suffer from a shockingly inadequate health care system. Maternal mortality remains the highest in the world, and conditions even in hospitals and referral centers are deplorable, with few of the tools or equipment they need to provide proper care for patients. The majority of births in Sierra Leone are supervised by untrained traditional birth attendants, miles away from even the most basic medical facilities that may be able to provide life-saving care in case of complications.

UNFPA has donated US \$15 million worth of drugs and medical equipment to Sierra Leone's Ministry of Health and Sanitation to reduce maternal mortality rates and improve health care delivery. The UNFPA representative for Sierra Leone, Mr. Barnabas Yisa, noted that the donation reflects UNFPA's recognition of the country's need for sustained availability of reproductive health commodities to reverse its high maternal and neonatal morbidity and mortality rates.

Côte d'Ivoire

Years of conflict and high rates of poverty have contributed to an increase in survival sex in Côte d'Ivoire today. In conjunction with the increasing feminization of the HIV epidemic within the country, the need to offer HIV/AIDS prevention and care for sex workers is now more crucial than ever, not only to protect sex workers themselves, but also to curb the spread of the epidemic. UNFPA representative Mr. Philippe Delanne says: "the violence they often are subjected to, the stigma and discrimination all contribute to increase their vulnerability to HIV and AIDS". While the majority of people living with HIV in Côte d'Ivoire were men 20 years ago, HIV prevalence rates today are at 6.4% for women and 2.9% for men. Among sex workers, HIV prevalence is at 27% (figure from 2002).



Earlier this year, UNFPA signed an agreement to provide US \$800,000 over four years to prevent the spread of HIV/AIDS among sex workers. This year, with funds from the UK aid agency DFID, UNFPA will continue to support HIV/AIDS and STI prevention and care for sex workers in Côte d'Ivoire through proven good practices, including peer education, condom distribution together with the social marketing of condoms through local organisations, and other preventive measures.