The Humanitarian Response Newsletter
September 2008

Georgia

Twenty five UN agencies and NGOs have requested a total of US$ 59. 7 million in a Flash Appeal that was launched recently in New York in order to address the humanitarian needs of an estimated 130,000 internally displaced persons (IDPs) and conflict-affected people within Georgia.

UNFPA is requesting $608,500 of these funds for maternal health and support for special needs of women and youth affected by the crisis. These funds will support capacity building of local health facilities to restore reproductive health services, provide emergency reproductive health services, mobile teams' outreach services and train medical staff on the emergency health standards. If UNFPA's portion of the appeal is funded, post-rape treatment, including post-exposure prophylaxis to prevent the transmission of HIV, can be provided for survivors.

Over the past seven years, the UNFPA-Georgia office has methodically trained, equipped and supported the deployment of four mobile reproductive health teams to provide services to communities without access to regular healthcare and hospitals. The mobile team that has been providing these services to Gori is now caring for displaced patients within Tbilisi because of the instability.

Already, UNFPA has provided support for the health and dignity of displaced populations through the provision of 1,000 basic personnel hygiene kits for families, with another 1,000-2,000 to be distributed in to IDPs in Tblisi, Kutaisi, Rustavi and Batumi, and to returnees able to travel to the conflict affected Gori region. UNFPA has mobilized volunteer peer educators from the Georgian Medical Students Association to stuff plastic bags with multivitamins, soap, shampoo, towels, toothbrushes and paste, underwear, sanitary napkins and shaving kits. These are the items that some of the displaced people identified as priority needs in a quick assessment.

UNFPA has worked with UNIFEM to expand the work of the Protection Sector by coordinating with UNHCR (sector lead), UNICEF, UNDP, WHO, OCHA and international NGOs to begin prevention and response to gender-based violence (GBV). This builds on rapid assessments that UNIFEM and UNICEF had begun in the early days of the conflict which show that neither young nor the elderly, neither men nor women were spared from the violence of the conflict. As a response the GBV working group will work on revising and strengthening the Flash Appeal that will be reissued in September, to ensure gender mainstreaming and greater inclusion of GBV programming beyond ongoing UNHCR programmes, and UNFPA SGBV health response.

An advisor for gender capacity building will be requested to support this effort. In addition, plans are underway for joint field missions, the first to be organized by UNFPA, into the Gori region. And with the results of additional field assessments and ongoing UNIFEM research, a hotline is planned to ensure rapid and confidential referral. In the meantime, UNFPA has developed youth kits that combine

elements of the hygiene kits with protection assistance such as padlocks for doors in communal centers and toilets and flashlights.

To review the full Flash Appeal: **Georgia**

Myanmar

In response to the needs of the millions of people displaced by the cyclone that hit Myanmar on 3 May, UNFPA distributed emergency reproductive health kits to provide safe deliveries for pregnant women and prevent maternal death and disabilities among them.

Four months after the crisis, UNFPA continues to help Myanmar ensure that mothers can deliver safely and to meet other needs in reproductive health and women's protection. As part of the revised interagency funding appeal launched on 10 July, UNFPA has requested $7 million from donors to help restore life-saving reproductive health services by providing training, equipment and supplies, and to offer counselling and support for vulnerable women and girls.

At the end of August, international relief efforts have moved into the recovery stage. But despite the substantial aid already delivered by various partners, thousands of survivors have still not received the basic assistance they need. Currently, many pregnant women lack clean and safe delivery options and antenatal care due to damage to health facilities and a shortage of medical staff. At least 10 midwives perished during the disaster, in an area where maternal health care was already inadequate. UNFPA estimates that each month, 4,400 women will give birth; some 440 of those will experience complications, and 220 will require Caesarean sections.

UNFPA has opened two maternity waiting homes in Bogale and Labutta, and plans to establish two more in Dedaye and Yangon. Women who live far from the township hospitals can stay at the homes while awaiting labour. The centres also offer prenatal care and delivery referrals, and each is the base for a mobile clinic that travels to cyclone-affected villages to provide general and maternal health services.

Working with the Myanmar Medical Association, UNFPA has hired 11 doctors to staff the clinics and is recruiting seven more. The mobile teams have already provided services to more than 2,200 people in 10 hard-hit and difficult-to-reach villages, including nearly 300 pregnant women in need of prenatal care. The Fund has also supported the establishment of two other clinics in Ngapudaw and Bogale townships.

Grief and distress due to the May catastrophe are widespread and debilitating. Many women and girls, destitute and dependent on others for basic needs, are at increased risk of abuse, violence and exploitation. UNFPA chairs a technical working group on women's protection, which aims to incorporate protection issues into all sectors of the disaster response and to support the various "non-protection" clusters in recognizing their roles and responsibilities in ensuring the protection of women. The Fund intends to support the Department of Social Welfare in conducting a comprehensive women's protection assessment of the cyclone affected areas and creating an action plan in response.

Along with other agencies, UNFPA intends to offer psychosocial support to women experiencing distress as a result of the cyclone, and to train service providers and community support groups on positive and appropriate coping strategies. Systems will be developed to prevent and respond to sexual and gender-based violence, including the creation of women-friendly spaces.

China

Chinese authorities estimate that the deadly earthquake that hit the Sichuan Province in May has affected some 5.7 million people, and that many may have stay in temporary camps for up to one year. In such situations, the risks normally associated with childbirth are often heightened for displaced women.

In response to this crisis, UNFPA mobilized life-saving reproductive health supplies, made available $550,000 of its own funds, and secured an additional $114,000 from UN emergency funds to ensure that pregnant women can deliver their babies in safe conditions and receive proper emergency obstetric services when necessary.

Accepting the Fund's offer of assistance, the Chinese Government has asked UNFPA to provide reproductive health supplies, including clean delivery kits for primary health centres and hospital equipment needed for Caesarean deliveries and blood transfusions. UNFPA assistance also includes hygiene kits for displaced individuals and funding to address immediate shelter needs.

Pacific Island Countries

The Pacific Island countries are extremely vulnerable to natural disasters as many are atolls, or annular coral reefs that are very small in size and rise only 1 meter above sea level. People who live on these tiny atolls are subject to simple tidal waves which are enough to wipe out their houses and communities. Typhoons, earthquakes and volcanoes are also common hazards which threaten the thousands of mainly small coral and volcanic islands throughout the year. When a crisis strikes the Pacific, limited access to health facilities can also be a major cause of maternal death.

"In the Pacific our focus is on ensuring women have access to emergency obstetric care since there are high rates of maternal mortality in several countries," explained Najib Assifi, the UNFPA Director and Representative for the Pacific Sub-Regional Office. "The reason for this is that populations are scattered across a very big area of the ocean with great distances between countries and islands within countries. It takes a long time to travel by boat and there are few air link services so access to health facilities is limited."

In order to address gaps in sexual and reproductive health in emergencies, UNFPA, the International Planned Parenthood Federation (IPPF), and other partners developed the Sexual and Reproductive Health Program in Crisis and Post-Crisis Situations in East, Southeast Asia, and the Pacific (SPRINT) initiative. As part of this initiative, 27 participants from 10 countries in the Pacific were trained this July in Suva, Fiji on how to appropriately care for, and to train others on, the many sexual and reproductive health issues that can occur in an emergency situation, such as how to guarantee that universal safety precautions are respected, and that services provided for rape survivors are kept confidential and safe from the possibility of retribution.

"The Pacific has been a region long neglected when it comes to humanitarian emergencies because most of the focus is on the big emergencies which occur in Africa, or Asia," said Wilma Doedens, UNFPA's humanitarian response technical advisor for sexual and reproductive health and SPRINT trainer. "So it was important to come to this area and ensure that the life saving elements of reproductive health, such as HIV, prevention and management of sexual violence, and prevention excess maternal morbidity and antenatal morbidity and mortality, are integrated into overall emergency response."

By 2010, the SPRINT Initiative will have increased the abilities of Pacific agencies to adequately respond to sexual and reproductive health needs in crisis, facilitated coordinated emergency and post-

emergency responses to sexual and reproductive health, and integrated sexual and reproductive health in regional and national emergency response.

For more information on the SPRINT Initiative: **SPRINT Initiative**

Liberia

Post-crisis census

Last June, the Government of Liberia released the preliminary results of the 2008 Population and Housing Census of Liberia. Coming some 24 years after the previous census of 1984 and after a long period of conflict and bloodshed, these results had been long awaited. The census has benefitted from strong technical and financial support from UNFPA, and other development partners. The preliminary results reveal that the current population is 3,489,072 inhabitants. This represents an average annual growth rate of 2.1% since 1994, demonstrating a slackened growth from the 3.4% observed between 1974 and 1984.

The preliminary results show that the average population density for the country is 93 persons per square mile as against 56 persons observed in 1984. Densities appear to be highest in the central and western parts of the country. The city of Monrovia, with a population of 1,010,970 inhabitants, is by far the largest urban agglomeration in the country. The next largest town has barely 41,000 inhabitants. Monrovia has been growing at annual rates above 5% per year. Much of this is attributable to the impact of the several years of unrest during which time the city offered better security than the rest of the country. With the return of peace, most return migrants have again settled in Monrovia.

The processing of the data is ongoing and detailed analyses have been envisaged to provide this country with the much needed statistical information for development planning.

Demographic and Health Survey

In June, the Government of Liberia, released the final results of the third Demographic and Health Survey (DHS) for Liberia. The survey provides interesting findings on fertility and related issues, on HIV/AIDS, and on infant and maternal mortality. This survey represents another source of recent post-crisis information on the population of Liberia, and greatly reinforces its statistical base for development planning.

Liberia's fertility has been found to be declining from 6.6 children per woman in 1981-85 to 5.2 in the 2004-2006 period. Liberian women generally begin sexual activity at 16 years, enter into marriage, on the average, at 18.4 years and start childbearing at 19.6 years. This pattern has not significantly changed since 1986. Though contraceptive knowledge is almost universal in Liberia (87%), only 31% of the women have ever used any modern contraception and barely 12% are currently using any and 36% of them expressed an unmet need for contraception.

While some 66% of the women with recent births had made at least 4 prenatal visits, 61% of the recent births occurred outside health facilities and only 37% of them were assisted by qualified health personnel. Over 30% of the recent births have never received any post-natal care. This is attributable to the scarcity of health facilities, the distance to such facilities, the quality of care, the scarcity of trained personnel and the cost of services. As a consequence, the maternal mortality ratio for Liberia was estimated at 994 per 100,000 live births. Less than 40% of Liberian children aged 12-23 months have ever been fully immunized and were found to be suffering from most of the childhood infections. Current infant mortality rates are 75 per 1000 live births while the child mortality rate still stands at 110 per 1000 though it has declined from the 220 observed in 1986.

Some 87% of the eligible women and 80% of the men provided blood for HIV testing and this revealed a rather low prevalence level of 1.5%. This is much different from the 2006 estimated rate of 5.7% from sentinel centers. Though there is almost universal knowledge of HIV/AIDS (89% for women and 93% for men), only 19% of the women and 32% of the men were found to demonstrate a 'comprehensive knowledge' about the disease. Preventive practices are still low as barely 22% of the men and 14% of the women had used a condom during their last sexual activity. Only 4% of the

sampled women and 6% of the men had undergone an HIV test.

Domestic violence was found to be highly prevalent in Liberia with about 44% of the women having experienced some form of physical violence. The perpetrators were found to have been mainly current or former husbands/partners but also parents and stepmothers. Some 18% of them had experienced sexual violence, mostly from intimate partners. Violence that may have been related to the just-ended crisis could not be captured here due to the rather short reference period for this question (last 12 months).

To review the full report: **Publication: FR201-Liberia: DHS, 2007 - Final Report**

UN Security Resolution 1820: Calling for Immediate Halt to Sexual Violence in Conflict Settings

On 19 June, UNFPA welcomed the call by the United Nations Security Council for an immediate halt of all acts of sexual violence against women in conflict situations. The Fund described it as a historical achievement that would go a long way in protecting the dignity of women and girls who are often subjected to violence as a tactic of war.

"We are very encouraged by this historical resolution that promises to protect women in crisis," said UNFPA Executive Director Thoraya Ahmed Obaid. "While sexual violence against women in conflict has often been ignored and considered a marginal concern, it, in fact, cuts to the very core of the existence of the women who are victims of this crime."

Security Council resolution 1820 was adopted unanimously in and demands that all parties should stop sexual violence against civilians and begin taking concrete action to prevent and respond to such violence through the training of troops and the upholding of military discipline procedures.

"This resolution is a monumental step in recognizing sexual violence as a threat to peace," said Ms. Obaid. "It is also a strong reminder to the international community to recognize the need to address sexual violence in a quick and efficient manner, and to realize that as long as women and girls are threatened by such violence, there can be no real chance for peace and security."

The new resolution reaffirmed Security Council Resolution 1325 (2000), the first ever to specifically address the impact of war on women and to highlight women's contributions to conflict resolution and sustainable peace. The new resolution will also provide a platform for advocacy for increased long-term resources to address this issue.

UNFPA is the lead United Nations agency on coordinating humanitarian response to sexual violence in conflict settings.

Reproductive Health in Emergencies Conference

Comprehensive reproductive health care remains elusive for most of the world's 30 million refugees and internally displaced people. These populations often suffer from high maternal mortality, lack of access to family planning, complications from unsafe abortion, sexually transmitted infections including HIV, and gender-based violence.

Addressing their reproductive needs was the focus of the June 2008 Reproductive Health in Emergencies Conference which was held in Uganda and organized by the Reproductive Health Access, Information and Services in Emergencies (RAISE) Initiative, in collaboration with the RHRC Consortium. This conference brought together a wide range of actors from the fields of reproductive health in

emergencies, global reproductive health, humanitarian assistance and development.

Plenary sessions, panel presentations and other events provided a platform to identify concrete solutions and inspire action amongst the international community, policy makers and health providers working in emergency reproductive health. The Fund contributed to this initiative by conducting various panel discussions and events on reproductive health, gender-based violence, and young people in emergencies.

For highlights from the conference and general information: **UNFPA: ASSISTING IN EMERGENCIES: Reproductive Health in Emergencies Conference**

World AIDS Conference

At the recent International AIDS Conference held in Mexico in August, links to HIV and the disarmament, demobilization and reintegration (DDR) of armed groups, (including children and women associated with fighting forces, female combatants, abductees and dependents) were presented for the first time ever. DDR aims to deal with the security problem that arises when combatants are left without livelihoods and support networks during the vital period stretching from conflict to peace, recovery and development.

“In order to sustain behavioural change and provide services to some of the most at-risk and underserved populations in conflict and post-conflict settings, formal dialogues on challenges related to mainstreaming HIV interventions within DDR programmes must continue to take place,” said Priya Marwah, Programme Analyst for UNFPA’s Humanitarian Response Unit.

Members of armed forces and groups are at high risk of contracting and spreading HIV given their age range, mobility, and risk-taking attitudes. Children associated with armed forces and groups are often sexually active at a much earlier age and face increased risk of exposure to HIV. The characteristics of complex emergencies, such as a breakdown in social networks and support mechanisms, place female combatants, women associated with fighting forces, abductees and dependents at high risk of sexual violence.

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DDR programmes are increasingly including HIV/AIDS interventions and linking them with national HIV/AIDS control programmes and strategies. In Cote d’Ivoire, UNFPA, in collaboration with UNDP, has supported the DDR Commission in providing HIV services to various clinics and centers, including establishment ofVCT centers, partnering with ONUCI (UN peacekeeping mission in Cote d'Ivoire) on training uniformed personnel on HIV, human rights and gender equality.

In Sudan, UNFPA, UNDP and the UN Mission in Sudan in collaboration with other partners have been supporting the National DDR Commission in North, East and South Sudan, the Sudan Armed Forces, the Sudan People’s Liberation Army and other organizations to develop and implement HIV- DDR programmes. In Sierra Leone, UNFPA supported reintegration programmes for ex-combatants by using HIV prevention and promotion of Reproductive Health as a tool of social cohesion and reconstruction in the country. In Liberia, UNFPA and UNDP provided reproductive health and HIV related services for vulnerable groups, including male and female ex-combatants and women associated with armed forces.

“However, challenges to mainstream HIV programmes within DDR processes remain due to the lack of dedicated technical and human capacities which are crucial to the successful implementation of any programme,” warned Véronique Maeva Fages, HIV & Humanitarian Adviser for UNDP’s HIV/AIDS Liaison Group. In addition, linkages between DDR-HIV programmes and national HIV strategies must be addressed for effective integration of policies and programmes to take place.

Collecting Reliable Data on Gender-based Violence

Currently, the humanitarian community does not have a standard and safe system to collect, store, analyze and share gender-based violence (GBV)-related data. Without such a system, the humanitarian community is not able to see a full and reliable picture of the trends in gender-based violence occurring in situations of conflict and displacement. This impacts humanitarian actors' ability to make well-informed decisions regarding programmatic interventions or to coordinate systems of GBV prevention and response.

"A major challenge to addressing sexual violence is the absence of data on the nature and extent of the problem," explained Erin Kenny, GBV Specialist for UNFPA's Humanitarian Response Unit. "Sexual violence is underreported even in well-resourced and stable situations. During emergencies, it is unlikely that there will be any reliable data available beyond anecdotal information."

The Gender-based Violence Information Management System (GBVIMS) is a first attempt to systematize management of reported GBV-related data across the humanitarian community. The GBVIMS:

- Provides a standard tool and methodology for data collection and analysis and to develop information sharing protocols
- Improves the reliability of GBV-related information (trends and patterns) within humanitarian settings
- Improves programmatic decision-making at local, country and global levels

What is the GBVIMS?

The GBVIMS has three components: an Excel spreadsheet to store and analyze reported incident data; a User Guide to explain the function of the Incident Recorder and to outline some of the core ethical and safety considerations and protocols for safe information sharing and data management; and on- and off-site technical support from the three core project partners.

Initiated in 2007, the project is currently in its pilot-testing phase. In December 2007, the International Rescue Committee led a small pilot test in Thailand. Since then, the inter-agency team (UNFPA, the IRC and UNHCR) have facilitated two technical consultations in May and August 2008 in Uganda and Kenya respectively. The team returned to Uganda in August 2008 for the second part of its multi-phased roll-out approach and intends to follow-up with the team there through off site technical support and regular missions through 2009.