

Reproductive Health for Communities in Crisis

UNFPA EMERGENCY RESPONSE

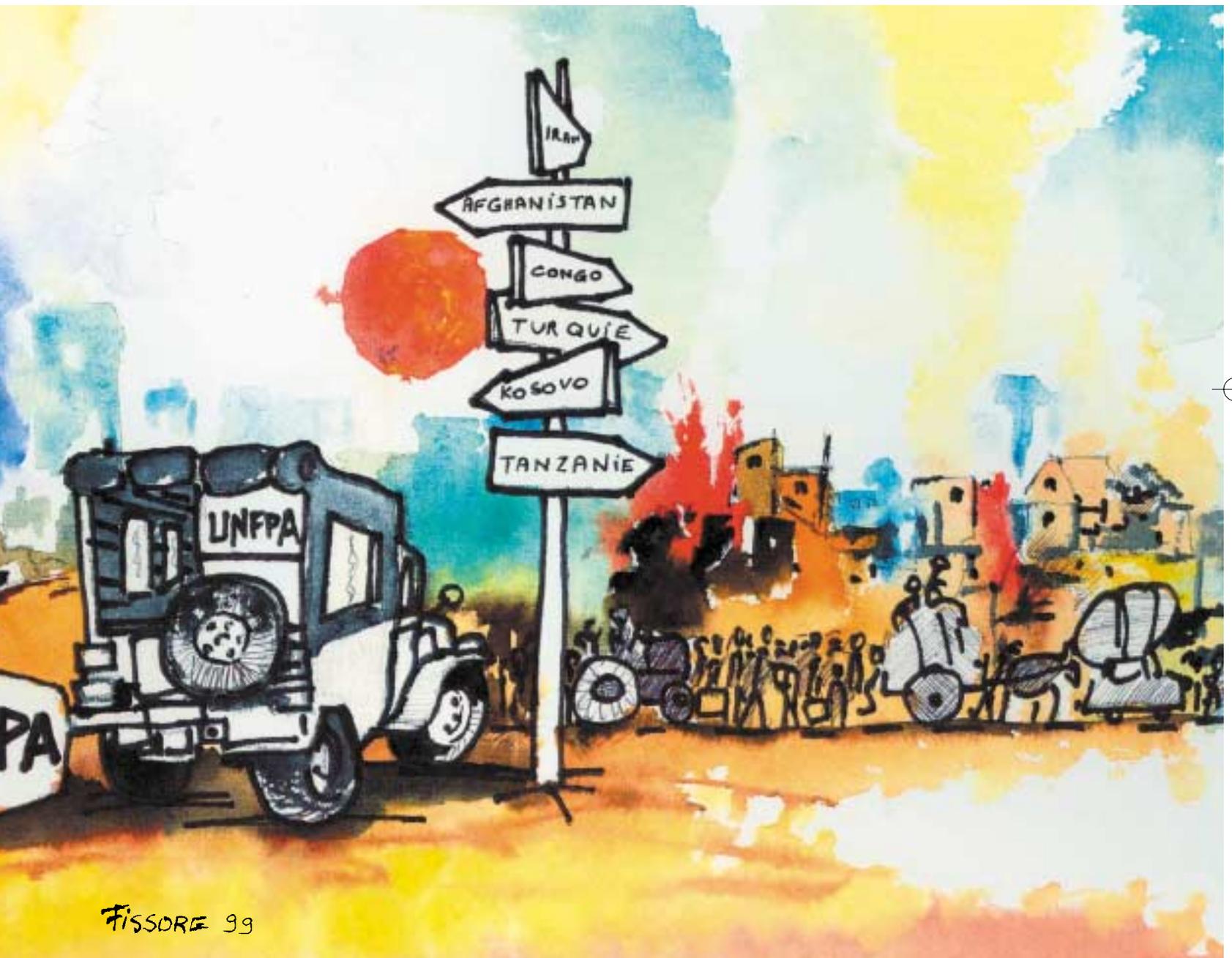


FIGURE 99



UNFPA

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Population Fund



Preface

The impact of an earthquake, flood or war on reproductive health can be devastating. Communities in crisis are suddenly deprived of reproductive health information and services. Access is cut off, yet needs persist, even escalate. A large number of refugees and internally displaced women will be pregnant, facing delivery under dangerous conditions; others may be victims of violence including rape.

The United Nations Population Fund (UNFPA) is committed to assisting and protecting women, men and youth made vulnerable by natural disaster, armed conflict, persecution and other causes. This is a commitment to refugees forced to flee their home country, to the internally displaced uprooted within national boundaries, and to all those affected when a community is in crisis. UNFPA works with a network of partners to provide support for reproductive health for those in need no matter what their situations.

Rapid response to emergencies includes the immediate shipment of supplies and equipment to help meet the minimum requirements in a crisis, such as enabling pregnant women to deliver in a clean environment. When the situation stabilizes, UNFPA provides support for the full range of reproductive health services. These services address the life-and-death complications of pregnancy and delivery, the transmission of sexually transmitted infections including HIV/AIDS, adolescent health, violence against women, and access to condoms and other contraceptives.

Global advocacy efforts and strong partnerships are the foundation of the UNFPA response. Advocacy emphasizes the importance of providing reproductive health information and services from the very beginning of a crisis. The Fund works closely with partners in governments, UN agencies and non-governmental organizations (NGOs) to see that reproductive health is an integrated part of primary health services. Through these partnerships, advanced planning and established mechanisms for cooperation are contributing to a faster and more coordinated humanitarian response. In the long term, the goal is to link relief operations with ongoing development activities.

UNFPA formalized and greatly increased its ability to respond rapidly and appropriately to crisis situations in 1994. After seven years of work in this area, the Fund has made significant strides in raising awareness about reproductive health needs in emergencies, in working with partners to develop technical standards in the area, and in improving the capacities of UNFPA country offices around the world to respond in emergencies.

As this publication goes to print, UNFPA is responding to the crisis in Afghanistan by launching its largest-ever humanitarian operation.

A handwritten signature in orange ink that reads "Thoraya A. Obaid". The signature is written in a cursive, flowing style.

Thoraya A. Obaid
UNFPA Executive Director

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| List of Acronyms | | | |
| HRG | UNFPA Humanitarian Response Group | NGO | Non-governmental organization |
| IAWG | Inter-Agency Working Group for Reproductive Health in Refugee Situations | STI | Sexually transmitted infection |
| ICPD | International Conference on Population and Development | UNAIDS | Joint United Nations Programme on HIV/AIDS |
| IDP | Internally displaced person | UNFPA | United Nations Population Fund |
| IFRC | International Federation of Red Cross and Red Crescent Societies | UNHCR | Office of the United Nations High Commissioner for Refugees |
| | | WHO | World Health Organization |

The United Nations Population Fund (UNFPA) is the world's largest international source of population assistance. UNFPA helps developing countries and countries with economies in transition, at their request, to improve reproductive health and family planning services and to formulate population policies and strategies in support of sustainable development. About a quarter of all population assistance from donor nations to developing countries is channelled through UNFPA. Since it began operations in 1969, the Fund has provided some \$5 billion in assistance.

I

Early Action in Extreme Situations

“UNFPA recognizes that all refugees and persons in emergency situations have the same vital human rights, including the right to reproductive health, as people in any community.”

— Thoraya A. Obaid, UNFPA Executive Director

“Pledged to implement the ICPD Programme of Action, UNFPA has expanded its assistance beyond settled communities to those torn apart by crisis.”

— UNFPA Executive Board

Rapid response for reproductive health

Too often neglected in the rush to provide relief, reproductive health information and services are required from the start. In an earthquake, flood or violent conflict, the immediate concerns are the same: childbirth, sexually transmitted infections (STIs) and sexual violence.

UNFPA supports early and effective action and cooperates with governments, other UN agencies and non-governmental organizations

(NGOs) to meet the emergency reproductive health needs of refugees, the internally displaced and others affected by a crisis.

- Since 1994, UNFPA has supported emergency reproductive health projects in more than 50 countries and territories;
- In 2000, UNFPA dispatched 35 shipments of emergency reproductive health equipment and supplies to 20 countries and territories—the largest number to date;
- A rapid-response fund enables UNFPA to mount a quick response to emergencies,



"Some basic supplies can make a big difference in childbirth: a bar of soap, a plastic sheet, a razor blade and string. Add to that condoms, medicine, surgical equipment and trained personnel and you have the start of real reproductive health services under crisis conditions."

— UNFPA emergencies consultant

especially in the initial stages, and staff in country offices around the world are on the spot when disaster strikes.

UNFPA provides funding, technical assistance and direct support including:

- Emergency reproductive health supplies and equipment;
- Rapid assessments, research and data analysis;
- Training and capacity-building;
- Advocacy and awareness-raising;
- Inter-agency coordination and programme planning.

Partnership is a priority for UNFPA, which endeavours to leverage limited resources to establish the services that vulnerable populations want and need. For a culturally sensitive response, UNFPA invites the participation of the women, men and young people most directly affected.

Heightened risk, greater need

Pregnancy and childbirth in developing countries are always dangerous: one woman dies

every minute from pregnancy-related causes. When disaster strikes, precarious conditions multiply risk. Sexual violence, HIV/AIDS and the absence of family planning make a bad situation much worse.

- Women and children account for more than 75 per cent of the refugees and displaced persons at risk from war, famine, persecution and natural disaster;
- 25 per cent of this population at risk are women of reproductive age and one in five is likely to be pregnant;
- Internally displaced persons numbered over 50 million as of 2001, of whom 20 to 25 million have been displaced by wars and instability;¹
- Vulnerability to natural disasters is increasing, exacerbated by poverty and environmental destruction. The number and scope of disasters increased during the decade of the nineties by 10 per cent, and at least 90 per cent of victims lived in developing countries.²

Neglecting reproductive health in emergencies has serious consequences: unwanted pregnancies, preventable maternal and infant deaths, and the spread of STIs including HIV/AIDS.

¹ UN Office for the Coordination of Humanitarian Affairs, 11 July 2001.

² Ibid.

Ensuring access to populations in need

UNFPA support focuses on:

- Safe motherhood through clean delivery, family planning and emergency obstetric care;
- Family planning information and services;
- Prevention and treatment of reproductive tract infections and STIs;
- Prevention of HIV/AIDS, including information on universal precautions;
- Adolescent health;
- Prevention and treatment of sexual and gender-based violence.

Rights apply in emergencies

The right to reproductive health applies to all people at all times.³ Many international instruments recognize reproductive health, including family planning, as a human right.

The International Conference on Population and Development (ICPD) Programme of Action, endorsed by 179 countries in Cairo in 1994, recognized the need to ensure reproductive rights and provide reproductive health care in emergency situations, especially for women and adolescents.

Communities in crisis suffer a loss of access to services, which UNFPA works to restore or to provide in temporary locations. While access is most obviously a problem for refugees and the internally displaced, people in surrounding communities and other family members may also be affected by the crisis. Access continues to be a priority once a crisis concludes, during the process of recovery and rehabilitation.

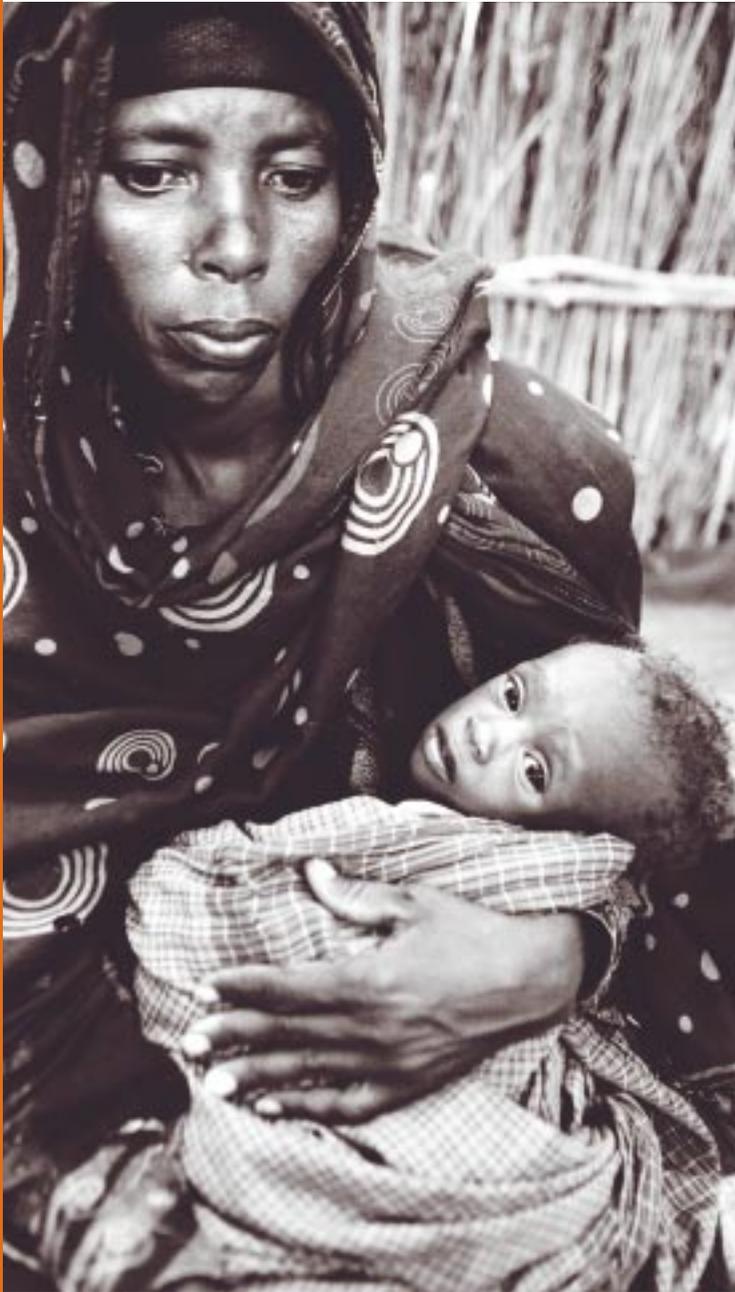
A refugee is defined by the UN Convention Relating to the Status of Refugees as:

“A person who, owing to a well founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group, or political opinion, is outside of the country of his nationality and is unable, or, owing to such fear, is unwilling to avail himself of the protection of that country;...”

Internally displaced persons (IDPs) are defined by the UN Secretary-General as: “Persons who, as a result of armed conflict, internal strife, systematic violations of human rights or natural or man-made disasters have been forced to flee their homes, suddenly or unexpectedly, and in large numbers, and who have not crossed any international borders.”

“Governments are urged to strengthen their support for international protection and assistance activities on behalf of refugees and, as appropriate, displaced persons and to promote the search for

³ ICPD Programme of Action (1994), paragraph 7.2: “Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease and infirmity, in all matters related to the reproductive system and to its functions and processes. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. Implicit in this last condition are the rights of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of their choice for regulation of fertility which are not against the law, and the right of access to appropriate health care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant.”



UNICEF/00-0518/Chalasan

A woman holds her severely malnourished infant in the crowded centre, in the town of Gode, 500 km south of Addis Ababa, Ethiopia.

lasting solutions to their plight. In doing so, Governments are encouraged to enhance regional and international mechanisms that promote appropriate shared responsibility for the protection and assistance needs of refugees. All necessary measures should be taken to ensure the physical protection of refugees—in particular, that of refugee women and refugee children—especially against exploitation, abuse and all forms of violence.”

— ICPD Programme of Action (1994), paragraph 10.24

Five years later, as many countries at a special session of the UN General Assembly agreed:

“Adequate and sufficient international support should be extended to meet the basic needs of refugee populations, including the provision of access to adequate accommodation, education, protection from violence, health services, including reproductive health and family planning, and other basic social services including clean water, sanitation, and nutrition.”

— Key Actions for the Further Implementation of the ICPD (1999), paragraph 29

Effective reproductive health programmes safeguard human rights such as the right to health, to freely decide the number and spacing of children, to information and education, and to freedom from sexual violence and coercion.

Many countries respect these rights and are making family planning and reproductive health information and services more accessible for increasing numbers of women, men and young people. In emergencies, however, reproductive rights are often violated—and

Who needs reproductive health care in a crisis situation?

A pregnant woman: She needs food, water, sanitation, shelter and health care—the focus of immediate life-saving measures taken in response to an emergency. She needs more, however, and has a right to it. Care before, during and after childbirth could save her life and that of her infant. Complications of pregnancy and childbirth are a leading cause of death and disease among refugee women of childbearing age.

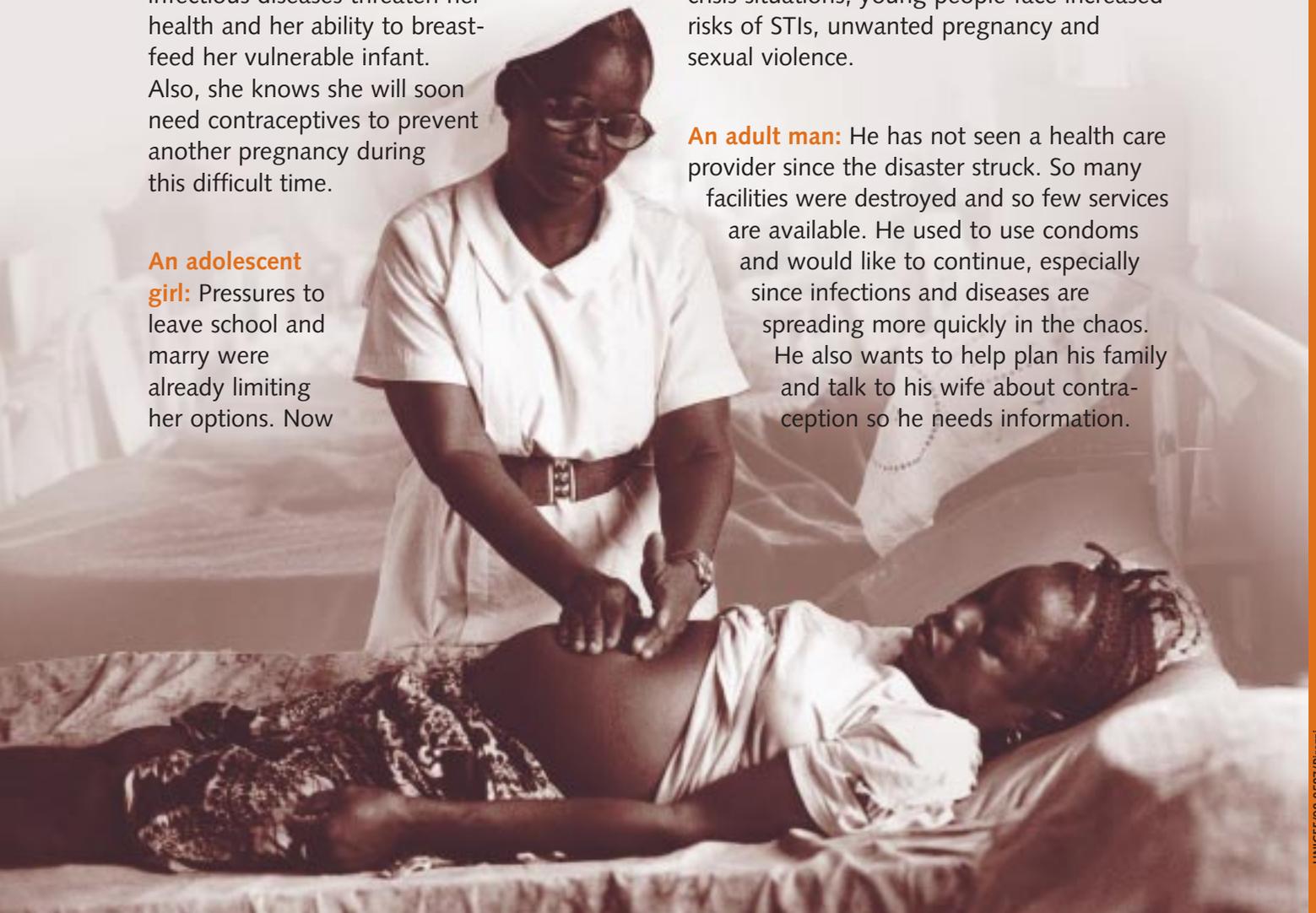
A new mother: Far from home, she does not know where to go for help. Malnutrition and infectious diseases threaten her health and her ability to breast-feed her vulnerable infant. Also, she knows she will soon need contraceptives to prevent another pregnancy during this difficult time.

An adolescent girl: Pressures to leave school and marry were already limiting her options. Now

she fears the soldiers who forced her family to flee their village and keep them on the move. Women and girls who are forced from their homes face a heightened risk of sexual violence and exploitation. Large numbers of rapes have been documented in several recent conflicts.

An adolescent boy: He is not yet a man but there has been no one to guide him since the crisis turned his life upside-down. His friends are bored without school or work and do not seem to care about what happens next. In crisis situations, young people face increased risks of STIs, unwanted pregnancy and sexual violence.

An adult man: He has not seen a health care provider since the disaster struck. So many facilities were destroyed and so few services are available. He used to use condoms and would like to continue, especially since infections and diseases are spreading more quickly in the chaos. He also wants to help plan his family and talk to his wife about contraception so he needs information.





the low social status of women compounds the risks to their health and safety.

Prior to the ICPD, reproductive health information and services in emergency situations had been largely ignored. Through a lack of trained personnel, shortages of resources and unclear organizational responsibilities, the right to reproductive health was not as respected as it is today.

Difficult conditions, different needs

UNFPA responds to emergencies in a wide range of situations and settings. The need might be to reach women in a refugee camp, to work only with men, or to find internally displaced persons who are dispersed throughout the local population. Conditions may be hostile or hospitable, politically charged or on the path to peace; they are never easy.

After unrest in **East Timor** damaged or destroyed almost every medical facility, UNFPA worked with NGOs in 1999 to distribute equipment for clinics and supplies as basic as soap, plastic sheeting and a razor blade for cutting the umbilical cord of a newborn.

In **Honduras**, local reproductive health facilitators were trained to visit the temporary shelters and hastily constructed neighbourhoods that have continued to house the displaced long after Hurricane Mitch struck in October 1998.

Floods devastating **Mozambique** demanded an urgent humanitarian response in 2000. UNFPA sent two shipments of emergency reproductive health equipment and supplies.

UNFPA assisted in the collection of demographic data in 1995 to help plan for recovery following armed conflict in **Rwanda**. New population information was needed to plan emergency assistance and future national development.

When floods and mudslides hit **Venezuela** in 2000, UNFPA sent equipment and supplies for safe delivery and family planning. Working with local social services, UNFPA supported training on the prevention of violence against women.

In **Zambia**, refugees trained as peer educators in 1998 helped Angolan, Congolese and Rwandese refugees prevent HIV infection through condom distribution and awareness-raising.

Countries and territories receiving UNFPA emergency support (directly or through the Consolidated Appeals Process)

Countries and territories receiving UNFPA emergency reproductive health assistance between 1994 and mid-2001:

AFRICA

| | |
|---------------------------------------|-----------------------------|
| Angola | Liberia |
| Burundi | Mozambique |
| Central African Republic | Republic of Congo |
| Comoros | Rwanda |
| Democratic Republic of the Congo | Sierra Leone |
| Eritrea | Somalia |
| Ethiopia | Sudan |
| Great Lakes Region and Central Africa | Uganda |
| Guinea | United Republic of Tanzania |
| Kenya | Zambia |
| | Zimbabwe |

EUROPE

| | |
|--------------------------------|-----------|
| Albania | Kosovo |
| Bosnia | Macedonia |
| Federal Republic of Yugoslavia | Turkey |

MIDDLE EAST

| | |
|-------|--------------------------------|
| Egypt | Occupied Palestinian Territory |
| Iraq | Yemen |

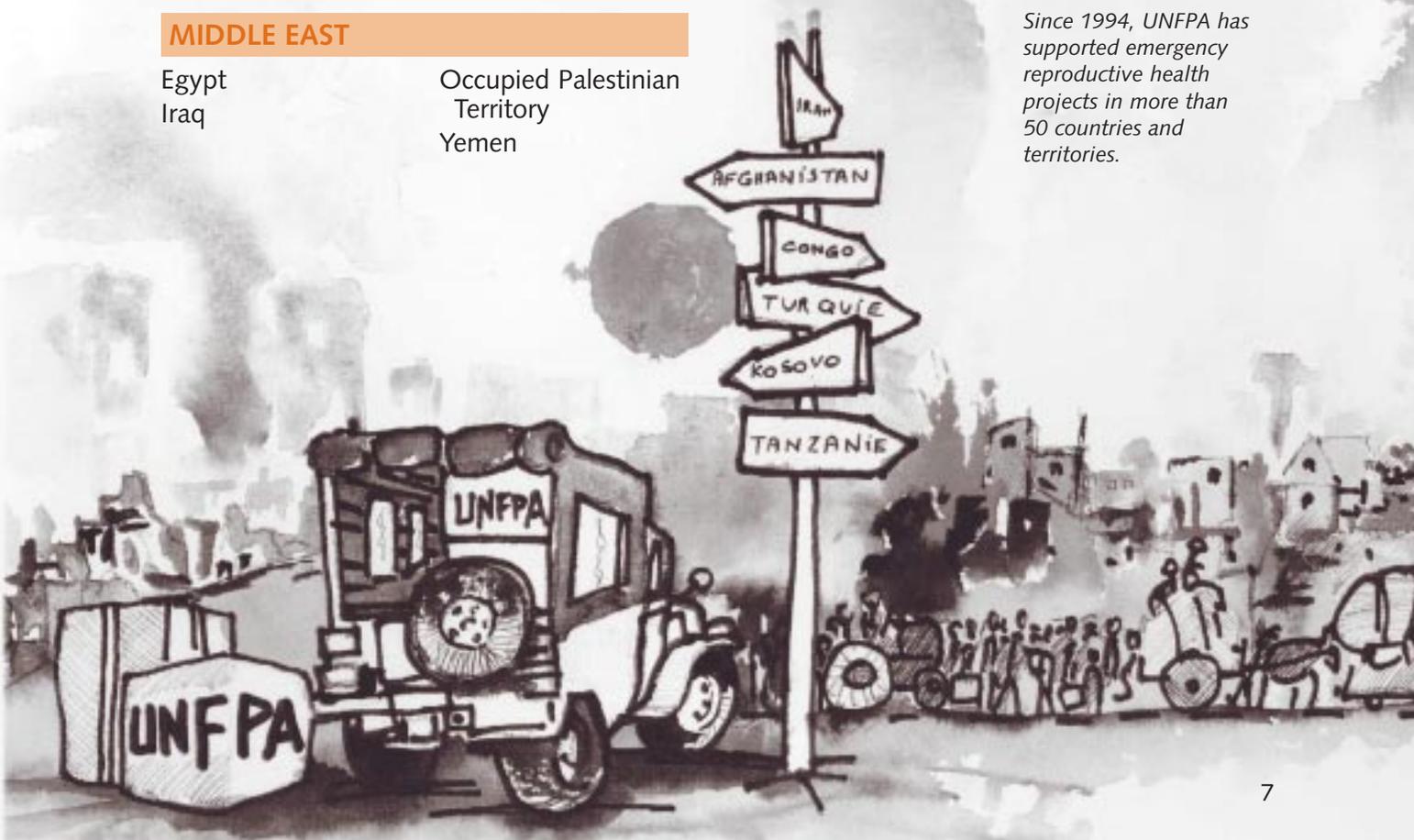
ASIA

| | |
|---------------------------------------|--|
| Afghanistan | Mongolia |
| Azerbaijan | Northern Caucasus (Russian Federation) |
| Bangladesh | Pakistan |
| Cambodia | Russian Federation |
| Democratic People's Republic of Korea | Tajikistan |
| East Timor | Sri Lanka |
| India | Uzbekistan |
| Iran | West Timor |
| Maluku Islands (Indonesia) | |

LATIN AMERICA

| | |
|-------------|-----------|
| Colombia | Nicaragua |
| Costa Rica | Peru |
| El Salvador | Venezuela |
| Honduras | |

Since 1994, UNFPA has supported emergency reproductive health projects in more than 50 countries and territories.





Emergency effort to save Afghan women's lives

UNFPA launched its largest-ever humanitarian operation in September 2001 when hundreds of thousands of Afghans fled their homes to escape armed conflict. Thousands of pregnant women were among the civilians that massed along the country's borders with Pakistan and Iran in September and October, facing closed borders and an uncertain destiny in the harsh Afghan winter. The women arrived "in a state of total exhaustion" at the borders where almost no shelter, food or medical care were available, reported UNFPA's Representative in Pakistan.

The Afghans had already faced two decades of devastating war and three years of drought—the war completely destroying the country's modest infrastructure. Poor health conditions and malnutrition made pregnancy and childbirth exceptionally dangerous for Afghan women. Their health was especially affected because of restrictions placed on women's free movement, severely limiting access to health care providers and earned income. Even before the exodus, maternal and infant mortality in Afghanistan were among the highest in the world.

Responding to the initial refugee movements, UNFPA pre-positioned emergency relief supplies in the countries bordering Afghanistan both for refugees and for distribution inside Afghanistan, when conditions permitted. Initial support included clean delivery supplies, support for border area hospitals receiving referrals with pregnancy and childbirth complications, and counselling for victims of trauma. Support once conditions stabilize will include training for local health-care providers and basic health education for women and young people, with a longer-term plan for reconstruction and rehabilitation. The initial operation was supported with donor contributions from Italy, Luxembourg, the United Kingdom and the United States.

UNFPA has worked for several years inside Afghanistan and with Afghan refugee women in Pakistan and Iran.

II

Safe Motherhood and Family Planning

“People often forget that in the midst of conflict and disasters women still need prenatal, post-natal and delivery care. Without skilled help, giving birth without basic equipment can be a matter of life or death for women and their newborn infants.”

— Thoraya A. Obaid, UNFPA Executive Director

Safer pregnancy and childbirth

Emergencies heighten already significant risks:

- Premature deliveries, miscarriages brought on by trauma and unsafe abortions resulting from unwanted pregnancies are all linked to crisis situations—and all require medical treatment.
- Complications of pregnancy and childbirth are the leading cause of death and disability for women aged 15 to 49 in most developing countries. Pregnant women must be a priority from the moment a crisis begins.
- Only 53 per cent of deliveries in developing countries take place with a skilled birth attendant, yet the assistance of health professionals at delivery significantly reduces death, illness and disability. Emergency conditions mean even less access to trained assistance.
- Women in developing countries are 30 times more likely to die from pregnancy-related causes than those in developed countries. Humanitarian support for reproductive health saves lives.



“Most of us don't think about it, but women give birth during hurricanes, war and earthquakes. They are often the least obvious victims, yet many need help to have their babies safely.”

— UNFPA health worker in El Salvador

Partnership brings food, prenatal care to displaced Eritreans

A peace agreement in December 2000 gave hope to about 300,000 Eritreans still living in refugee camps after fleeing war along the border with Ethiopia.

In camps such as Harena and Alba, UNFPA has worked with the Government of Eritrea to restore a sense of normalcy by providing health services, including assistance for deliveries, family planning supplies and training in universal precautions to protect against the transmission of HIV and other infections.

In Harena, a hillside camp an hour's drive east of the Eritrean capital of Asmara, UNFPA supports a makeshift medical facility. In a converted school building and outlying tents health workers see 300 patients a day. They treat the sick, vaccinate infants and conduct prenatal exams. They also offer family planning counselling and contraceptives—including pills, injectables and condoms. A nurse-midwife delivers seven or more babies each week in a cramped, makeshift delivery room. For emergencies there is an ambulance to take patients to the nearest hospital, an hour away. With funding from the United Nations Foundation, UNFPA has also provided safe-delivery supplies.

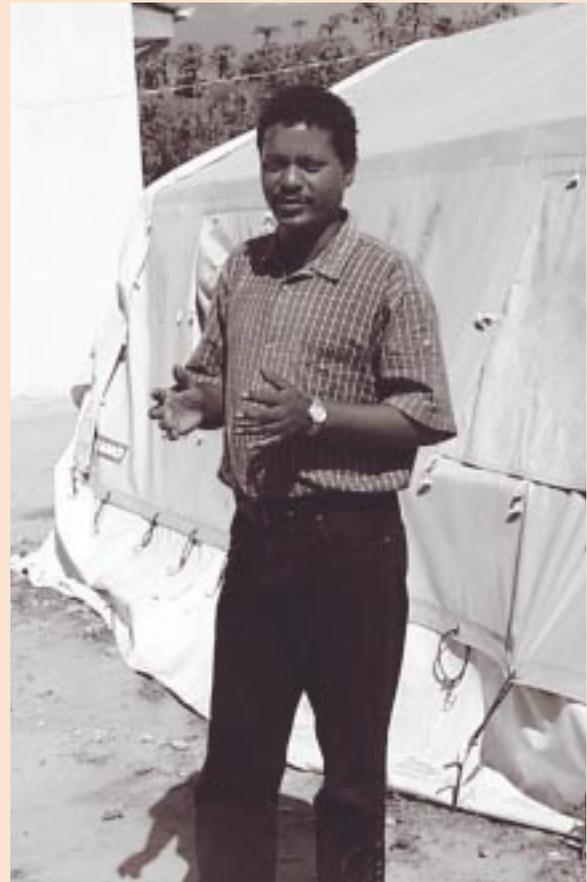


Photo: William A. Ryan/UNFPA

Dr. Bereket Berhan runs the health centre in Harena and is the sole physician for 9,100 families, 26,000 people in all, who fled the town of Senafe in May 2000. The hospital he headed in Senafe was destroyed, yet he is eager to return. “We will set up a temporary hospital in a tent, as we have done here. We are ready,” he says.

Prompt treatment could save most of the lives lost to complications of pregnancy and childbirth—some 514,000 women each year.

Whether in times of order or emergency, safe motherhood programmes aim to reduce the high numbers of maternal deaths and illnesses by providing:

- Care before pregnancy (antenatal);
- Skilled birth attendants;
- Access to emergency obstetric care;
- Care after pregnancy (post-partum) for haemorrhage, hypertension and infection.

Supplies for safer childbirth

In situations of conflict and natural disaster, UNFPA sends emergency reproductive health equipment and supplies that help make childbirth safer:

- Supplies for clean home deliveries include soap, plastic sheeting, razor blades, string, gloves and pictorial instruction sheets;
- Equipment and supplies for assisted deliveries at a health facility also include stethoscopes, thermometers, plastic aprons, latex gloves, syringes, sutures, sterile gauze pads, an IV infusion set, cotton wool, burn boxes for safe needle disposal, amoxicilline and other drugs;
- Equipment and supplies are also provided for suturing tears, resuscitation, disinfection and surgery.

Comprehensive services for delivery, antenatal and post-partum care, as well as breastfeeding

Safe motherhood in Kosovo crisis

When thousands fled Kosovo for Albania and Macedonia in 1999, UNFPA directed support to NGOs and national health systems so they could better respond to the needs of the refugees. UNFPA also sent equipment and supplies to help make childbirth safer and to treat victims of rape. Antibiotics, sutures and other supplies provided material support while training for counsellors addressed psychosocial needs. At the time, Kosovo had the highest rates of infant and maternal mortality in Europe.

The end of the crisis meant that many returned to communities lacking even the most basic health care services. UNFPA support continued in the post-conflict phase.

In February 2000, UNFPA supplied the busiest maternity department in Kosovo with all new laundry equipment, along with its installation and staff training. The donated equipment includes four washing machines, four dryers, two ironing machines and five ironing tables. Previously, only one outdated washing machine was available for 350 women patients and their infants. Conditions are now safer and more sanitary for the 40 deliveries that take place each day at Pristina University Hospital.



UNFPA response in El Salvador earthquakes

One in six people in El Salvador was left homeless when earthquakes struck on 13 January, 13 February and 1 March 2001. An estimated 1.2 million people were without shelter following the three earthquakes that killed or injured thousands and destroyed or severely damaged most of the country's hospitals.

UNFPA responded immediately after the first quake, assisting the Government with an initial assessment. Within days, UNFPA sent supplies, equipment and medicine. Health workers in makeshift clinics, health centres and hospitals provided urgently needed care for pregnant women and new mothers.

In addition to items required to perform clean and safe deliveries, UNFPA supplied health centre delivery equipment to stabilize convulsions and bleeding and, for hospitals or clinics handling referred cases, instruments for caesarian sections, resuscitation and other complications. The supplies also included tools



Photo: Lydia Leon/UNFPA

After the earthquakes in El Salvador in January and February 2001, UNFPA immediately shipped clean delivery supplies to the victims.

for HIV prevention and safe blood transfusion. Training for local health workers was initiated early on, enhancing local capacity to restore services.

UNFPA continued to provide support in the aftermath of the disaster, when access to care was hindered by landslides that blocked roads, a lack of transportation and a health system that had been completely overwhelmed.

UNFPA emergency relief supplies arrive in San Salvador, the capital of El Salvador.



“With the eight children I have there is a lot of suffering in my life. Because of this I don't want to have any more children. But the men since they are insistent, it is necessary to use a condom.”

— Woman in Angolan refugee camp

support are organized as soon as the worst of the crisis is past. In offering such services, programmes aim for quality of care and address beliefs and practices related to child-birth and breastfeeding and, in some cases, female genital mutilation. By supporting training for health workers, UNFPA strengthens local capacity to provide services in the long term.

UNFPA cooperates with the United Nations Children's Fund (UNICEF), the World Health Organization (WHO) and the World Bank to advance safe motherhood, and is an active member of the Safe Motherhood Initiative.

Family planning in emergency situations

Family planning services are especially important when war or natural disaster has destroyed the health services on which people depend. Neglecting family planning has a long list of serious consequences: unwanted pregnancies, unsafe abortions resulting from unwanted pregnancies, pregnancies spaced too close together, dangerous pregnancies in women who are too old or too young, and the transmission of STIs including HIV/AIDS.

Family planning allows women and men to choose whether, when and how often to have children. For a woman coping with a crisis situation, access to family planning is an important part of protecting her own health and the well-being of her family.

- Up to a third of maternal death (mortality) and injury and infection (morbidity) could be avoided if all women had access to a range of modern, safe and effective family planning services that would enable them to avoid unwanted pregnancy.
- An additional 120 million women would currently be using family planning methods if more accurate information and affordable services were easily available, and if husbands, extended families and the community were more supportive.

In an emergency, access to contraceptives can be a major challenge. Transportation routes may be cut off, distribution networks dissolved and health facilities destroyed. Existing supplies may fall far short of demand when large numbers of people move into a safer location.



Free condoms are often the first step towards restoring family planning services, made available from the earliest stages of a relief operation. When planning programmes, the involvement of women and men from the populations affected by the crisis helps ensure appropriate and effective family planning services.

UNFPA conducts rapid assessments to identify family planning needs, and often is able to make available background information on the population's reproductive health prior to the emergency.

Mobile health units in Turkish disaster

Two earthquakes struck Turkey in 1999, the massive first quake killing more than 17,000 people and destroying the homes of 400,000. UNFPA immediately sent emergency reproductive health supplies and equipment and participated in a rapid needs assessment. Longer-term efforts helped to rebuild local health services.

Doctors and nurses travelling in six refurbished ambulances have provided reproductive health services such as safe delivery, IUD insertion and counselling to disaster-stricken communities in Turkey's Marmara region. They also reached out to the elderly, a group often neglected during disasters, with medicine, vitamins and psychosocial support.

"We are overwhelmed by the disaster," said one travelling doctor. "People are so pleased that we go to their neighbourhood in a medical health unit and actually provide services they need."

UNFPA supported these mobile health units as part of an emergency response project that has ultimately strengthened the area's capacity for reproductive health care. In addition, a strong network among NGOs, local municipalities and health officials that was created during the project's operation now provides an improved system of support for the elderly.

The Turkish Ministry of Health decided to use its own resources to continue the mobile health services.

Contraceptive use increased by as much as 300 per cent in some of the areas served by the mobile health units, according to an initial evaluation. Demand for reproductive health care increased dramatically in most of the rural areas visited, where care had been limited or non-existent before the mobile units arrived.

III

Adolescent Reproductive Health

“Displaced adolescents are at increased risk of sexual abuse, sexually transmitted diseases, mental health problems, violence and substance abuse, and are particularly vulnerable to recruitment into armed forces or groups. During and after war, thousands of children, especially girls, are made targets of sexual abuse or rape.... Many children and their loved ones will fall victim to HIV/AIDS....”

— Special Representative of the Secretary-General
for Children and Armed Conflict

More vulnerable than ever

In a crisis, the family support so vital to young people often collapses. A network that might have provided protection, help and information disintegrates, leaving young men and women more vulnerable than ever before. At the same time, youth traumatized by violence or other catastrophic events tend to engage in higher-risk behaviour.

Emergency situations increase already significant risks:

- Each day, more than 500,000 young people are infected with an STI;
- Young women are more vulnerable to HIV/AIDS than young men; in some African countries, average rates in teenage girls are over five times higher than those in teenage boys;



UNFPA support for young people in

- The health of adolescent refugee girls was the focus of a project piloted by the World Association of Girl Guides and Girl Scouts and Family Health International with UNFPA support in 1997. Volunteer trainers led groups of girls in **Egypt, Uganda** and **Zambia** through a curriculum on reproductive health, and awarded a new Adolescent Health Badge. In addition to health education, the project introduced girls to information and services available at local reproductive health clinics, from HIV/AIDS prevention to prenatal care.
- In **Colombia**, where forced internal displacement is the worst in Latin America, adolescent girls and boys are at particular risk from a lack of access to reproductive health information and services. Working with numerous partners, UNFPA helped implement a three-year programme (2000-2002) supported by the Belgian Government that aims to make reproductive health and gender issues an integral part of humanitarian relief efforts, in particular efforts to reach adolescents. Building on an earlier training initiative, the project employs advocacy, skills development, capacity building, research to document the situation of adolescents, follow-up with trainees and the establishment of a professional network.
- In the **Democratic Republic of Congo**, UNFPA is working with the Ministry of Health to establish multipurpose centres for young people in Kinshasa who have been displaced or otherwise affected by



crisis situations

the war. Youth will be able to obtain health information, counselling and services, and vocational training and to participate in recreational activities. Providing wholesome activities for young people who have lost family members and social support in conflicts can help them adjust and make positive contributions to rebuilding their societies.

- In **Eritrea**, in the years after independence, young people who had been refugees in Sudan and who were returning to their homeland received training in peer counselling and provided reproductive health information to their communities. A multi-purpose centre supported by UNFPA and UNHCR also provided health services, education and recreational activities.

- Early pregnancy carries great risk: girls aged 10 to 14 are five times more likely to die in pregnancy and childbirth than women aged 20 to 24. So does unsafe abortion: more than 4.4 million young women aged 15 to 19 have abortions every year, 40 per cent of which are performed under dangerous conditions.

Youth in crisis

Young refugees and displaced persons may be deeply affected by the absence of role models, breakdown of social and cultural systems, personal traumas such as the loss of family members, exposure to violence and the disruption of school and friendships. With few ways to earn income, especially in female-headed households, they face restricted choices. For many, it is difficult to imagine the future.

In emergency situations, specific concerns include:

- Increased risk-taking behaviour among young people due to the lack of normal social controls, a tendency to overlook consequences in the face of uncertainty, and boredom once their situation stabilizes;
- Greater risk of early and unwanted pregnancy, STIs including HIV/AIDS, drug abuse and sexual abuse and violence;
- Young women's lack of power to control their sexual and reproductive lives;
- Lack of youth-friendly services in situations where it is hard enough to reach adults;
- The challenge of responding to a diverse group with differences based on gender, age and cultural expectations.



In the Democratic Republic of Congo, where quality medical care is often hard to find, UNFPA supports maternity clinics like this one.

Photo: Pamela DeLargy/UNFPA



Protecting the health of adolescents

The reproductive health of adolescents is of special concern to UNFPA. Like all young people, those who have been displaced or made refugee, have a right to reproductive health care that has been explicitly advanced by the ICPD:

“In order to protect and promote the right of adolescents to the enjoyment of the highest attainable standards of health, provide appropriate, specific, user-friendly and accessible services to address effectively their reproductive and sexual health needs, including reproductive health education, information, counselling and health promotion strategies.”

— Key Actions for the Further Implementation of the ICPD (1999), paragraph 73

“The objectives are to address adolescent sexual and reproductive health issues, including unwanted pregnancy,

unsafe abortion and sexually transmitted diseases, including HIV/AIDS.”

— ICPD Programme of Action (1994), paragraph 7.44

Political and cultural barriers often prevent information and services from reaching young men and women. While advocacy helps overcome these barriers in many parts of the world, adolescents in emergency situations remain uniquely vulnerable to neglect. UNFPA is directly involved in identifying ways to reach out to adolescent refugees and IDPs and provide the care they need.

Counselling is especially useful to young refugees. A trustworthy source of information and support provides an anchor in chaos, and helps young people feel more confident about obtaining any care they need. Counselling can be crucial for young victims of sexual violence, female or male. Whenever possible, services for young people should be welcoming and provide privacy, confidentiality and a health worker of the same sex as the young person.

UNFPA’s considerable experience working with adolescents provided examples for a review of “best practices” in adolescent reproductive health care in emergency situations. Among the lessons learned, for instance, is the value of encouraging the participation of young people themselves in the planning, implementation and evaluations of policies and programmes.

A maternity clinic near Kinshasa, Democratic Republic of Congo (DRC).



IV

Addressing Sexual Violence

"I was captured by 10 men in camouflage uniforms. They took us off in a camp and kept us in a dirty and cold place.... We were repeatedly beaten and raped by scores of men, sometimes as many as 20 of them violated me one after the other. They wanted us to carry their offspring."

— S.K., age 40, Belgrade

Insecure situations increase violence

Sexual and gender-based violence occurs at every stage of a conflict, from before the flight to the return home. The victims are most often women and adolescent girls and boys. Such violence is common in many armed conflicts, especially where combatants mix with civilian populations.

- Rape used as a weapon of war is intended to humiliate, torture, dominate, stigmatize and disrupt social ties, as are other forms of violent assault;
- Women and girls may be forced to offer sex in exchange for food, shelter or protection;

- Other abuses include sexual threats, exploitation, humiliation, molestation, incest, torture and domestic violence.

The impact of violence, especially rape, can be disastrous. Injuries, unwanted pregnancies, sexual dysfunction and HIV/AIDS are among the physical consequences. Damage to mental health includes anxiety, post-traumatic stress disorder, depression and suicide. For both prevention and treatment, UNFPA works with UN and NGO partners to coordinate relief efforts across sectors with staff involved in protection, security, and community and health services.

In 1995 in Resolution 1034, the UN Security Council condemned violations of international humanitarian law and of human rights by military and paramilitary forces, violations which



UNFPA action against sexual violence

- In **Tanzania**, UNFPA and its partners worked together to create a safe environment for Congolese refugees like Zawadi Bakari, an 11-year-old girl living in Lugufu, a refugee camp. Out fetching wood one day, she was raped by two men. Her story is recorded on a 1998 video made of this UNFPA-supported project executed by the International Federation of Red Cross and Red Crescent Societies with local NGOs. Along with psychological and medical treatment for refugees and IDPs, the project featured legal support for women and promoted law enforcement.
- Sexual violence continued to endanger women in the **Republic of Congo** long after the armed conflict that erupted in 1998 subsided. Conditions of displacement and social and economic upheaval persisted, heightening risks. A UNFPA-supported project provided treatment and counselling and produced a survey to define approaches to prevention and protection. Partners included the International Federation of the Red Cross (IFRC) and the International Rescue Committee (IRC).
- UNFPA-sponsored research into sexual violence has raised awareness and increased understanding. Case studies in four countries — **Bosnia and Herzegovina, Cambodia, Guatemala and Tanzania** — formed the core of a comprehensive study on the many legal, physical and psychological issues associated with sexual



violence and rape in conflict situations. Entitled “Psychosocial Impact of Sexual and Gender-based Violence”, it was carried out by the International Centre for Migration and Health in 1999.

- A 1997 study of violence and family life in **Angola** produced recommendations for intervention based on a demographic profile and data on the reproductive health of IDPs. Over 700 interviews were conducted as part of the research, which yielded striking statistics: 69 per cent of the women experienced violence from their husbands or partners; 36 per cent of the interviewees knew of women who engaged in prostitution to buy food; 21 per cent of the interviewees knew of women forced to have sex against their will; 12 per cent knew of men forced to have sex against their will; and 81 per cent of the women had no knowledge of any method to prevent pregnancy.

An Albanian woman in Kosovo, displaced from her home, speaks to a UNFPA consultant participating in a needs assessment mission on sexual and gender-based violence.

the Council said were characterized by “a consistent pattern of summary executions, rape, mass expulsions, arbitrary detentions, forced labour and large-scale disappearances”.

The 1994 ICPD Programme of Action called for the elimination of violence against women, as did the UN General Assembly in 1993 when it resolved “that violence against women constitutes a violation of the rights and fundamental freedoms of women”.⁴

Prevention

Taking action to prevent sexual violence may include:

- Raising awareness about the increased danger and condemning such acts as violations of human rights and a threat to public health;
- Supporting education and information campaigns;
- Taking safety measures including adequate lighting, security patrols and the safe location of services and facilities;
- Enforcing laws and policies against sexual and gender-based violence, and providing training for police and judges;
- Involving men to promote behaviour change.

⁴ ICPD Programme of Action (1994), Principle 4 and Chapter 4, paragraph 9.



“After raping me, the man took the shoes I was wearing and the money I had and fled. When I told my husband about the rape, he blamed me for the rape and started beating me.”

— Elizabeth, age 18, refugee in Tanzania

Treatment and counselling

UNFPA supports treatment and counselling that help create a feeling of safety and provide opportunities to talk about violent experiences, both vital for recovery. Training on how to help victims of sexual violence can improve the sensitivity of health workers’ response during a crisis. Medical and psychological treatment includes emergency contraception, counselling and reproductive health services.

The stigma associated with sexual violence may prevent those in need from seeking care. To avoid this problem, treatment and counselling services have been successfully integrated within multi-purpose centres housing a mix of unrelated activities.

Several tools guide relief efforts. In 1995, UNHCR published *Sexual Violence Against Refugees: Guidelines on Prevention and Response*. Programme guidance is provided in *Reproductive Health in Refugee Situations: An Inter-agency Field Manual*, the World Health Organization (WHO) guide for programme managers, and the forthcoming WHO guide for the clinical management of rape survivors.

A new set of specific guidelines to prevent and treat sexual violence was published by

UNFPA in 2001: *A Practical Approach to Gender-Based Violence: A Programme Guide for Health Care Providers and Managers*. This publication provides strategy entry points for health workers, facilitating programme development and capacity building.

Discrimination feeds violence

While violence takes advantage of vulnerability in crisis situations, it is ever-present in normal times. At least one woman in every three has been beaten, coerced into sex or otherwise abused in her lifetime.

Violence feeds on longstanding discrimination and the low status of women in many societies, which is why women’s empowerment is so closely linked to ending sexual violence.

Respect for the rights of the vulnerable is at the heart of efforts to end sexual violence. Communities that respect human rights condemn sexual violence, punish offenders and provide care to victims. In crisis situations, the heightened threat of violence to women and adolescent girls and boys demands even greater vigilance.

V

HIV/AIDS and STI Prevention

Threats that thrive on chaos

All sexually transmitted diseases and infections including HIV/AIDS thrive under crisis conditions, which coincide with limited access to the means of prevention, treatment and care.

HIV/AIDS not only thrives in situations of emergency and conflict, it contributes to them, a situation recognized by the United Nations as a potential threat to human security. When it adopted Resolution 1308 in July 2000, the UN Security Council:

“... recognized that the HIV/AIDS pandemic is also exacerbated by conditions of violence and instability, which increases the risk of exposure to the disease through large movements of people, widespread uncertainty over conditions, and reduced access to medical care.”

The Security Council requested that training for HIV/AIDS prevention be provided for peacekeeping personnel and tasked UNAIDS to cooperate with member states to develop strategies for education, prevention, voluntary and confidential testing and counselling, and treatment. Resolution 1325 in October 2000

noted the importance of involving women in prevention related to peacekeeping and peace-building, and of pre-deployment training.

Crisis increases risk

A crisis situation intensifies the threat posed by the existing epidemic:

- 95 per cent of all people infected with HIV live in developing countries;
- Africa is home to 70 per cent of the adults and 80 per cent of the children living with HIV/AIDS globally;
- According to global estimates, 5.3 million people were newly infected with HIV in 2000, and over half of new infections were among young people.

Conditions in emergencies increase the risk of exposure to HIV/AIDS:

- Large movements of people;
- Break-up of stable relationships along with the disintegration of community and family life;



Controlling HIV/AIDS during demobilization and the post-conflict phase: Eritrea and Ethiopia

Conflict and drought created desperate situations in Eritrea and Ethiopia in 1998-2000 and left vast numbers of people in immediate need of humanitarian assistance. Conditions also heightened another threat: HIV/AIDS.

UNFPA worked closely with partners in the UN and NGOs to identify groups at risk and plan strategies for prevention. In partnership with UNAIDS, UNFPA supported HIV prevention within the Eritrean national service corps, conducted a study of the impact of the conflict on HIV in Ethiopia and Eritrea, defined needs for prevention and education programmes within the peacekeeping operations, and worked with both militaries to consider HIV during the demobilization process.

Of concern were large numbers of people on the move, including many adolescents and youth:

- 1.6 million Eritreans were affected by war, drought or a combination of these factors by mid-2000. Among them, over 1 million were displaced within Eritrea or across international borders, the majority being women and children;

- More than 10 million people in Ethiopia were in need of emergency assistance as of mid-2001, including 350,000 displaced by the conflict;
- Tens of thousands of military troops were deployed in the war zones and thousands of peacekeepers are on site as the two countries struggle to regain normalcy.

Both governments have taken steps to strengthen their national prevention and care programmes and to mobilize new resources for HIV/AIDS prevention. Military leadership strongly supported prevention measures. One group that might have contributed to transmission has become an asset to prevention. With support from the Danish Government, UNFPA is helping to train demobilized soldiers in how to prevent HIV/AIDS and how to counsel others so that they can serve as health educators when they return to their home communities.

- Disruption of social norms governing sexual behaviour;
- Coercion of women and adolescent girls and boys to exchange sex for food, shelter, income and protection;
- Mixing of populations with higher rates of HIV infection;
- Camp conditions are comparable to large urban settings, which increase risk.

Violence and discrimination increase women's risk of HIV infection. In 2000, 2.2 million women worldwide were newly infected with HIV.

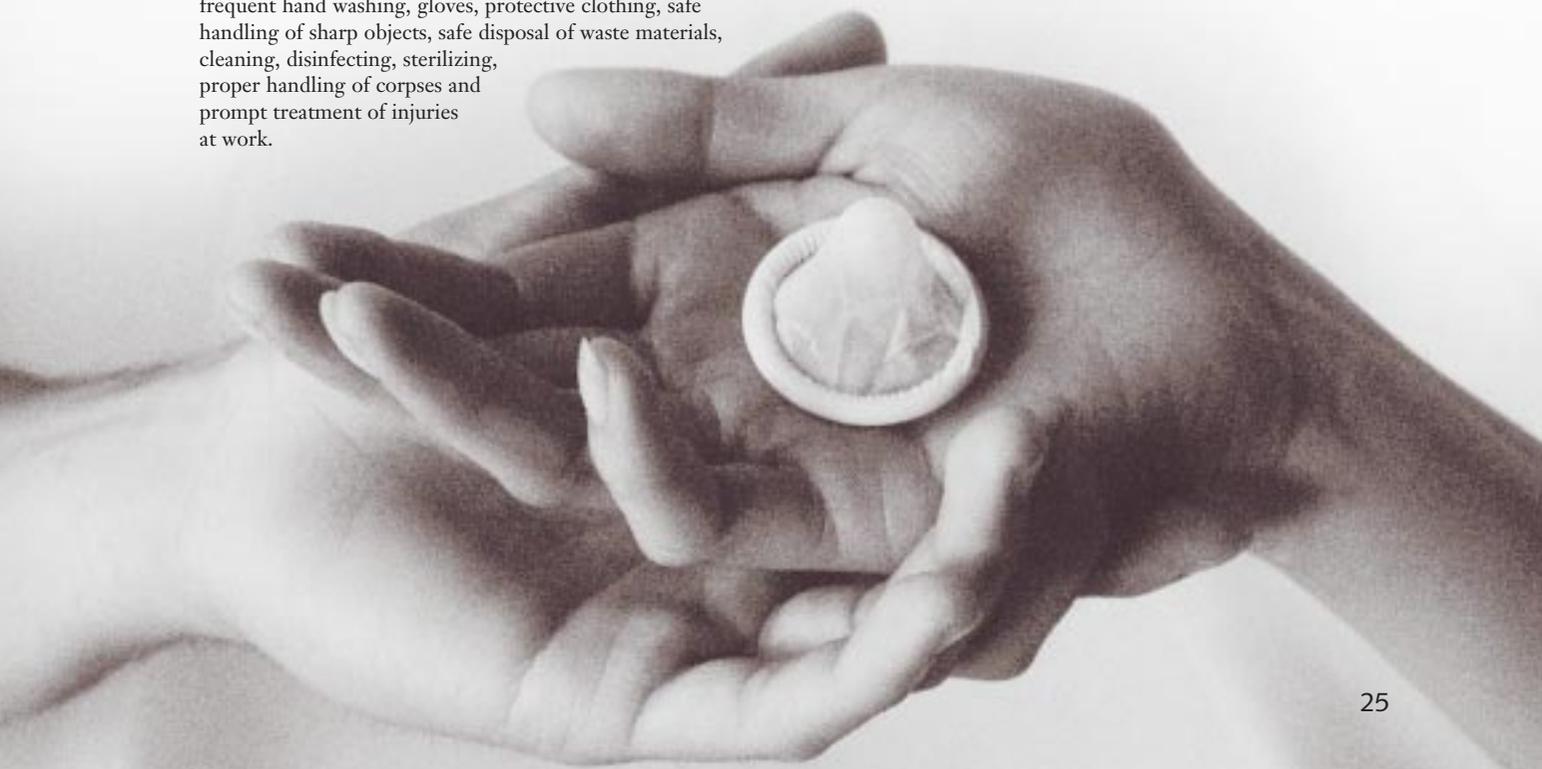
Reducing vulnerability

Preventing HIV infection begins with efforts to provide condoms, raise awareness and enforce universal precautions in health-care settings.⁵ UNAIDS has published *Guidelines for HIV Interventions in Emergency Settings* which sets the standards in acute emergen-

⁵ Universal precautions are infection-control measures such as frequent hand washing, gloves, protective clothing, safe handling of sharp objects, safe disposal of waste materials, cleaning, disinfecting, sterilizing, proper handling of corpses and prompt treatment of injuries at work.

cies. The UNHCR/WHO/UNFPA *Reproductive Health in Refugee Situations: an Inter-agency Field Manual* also sets out guidelines on HIV prevention in refugee situations.

- Condoms are an important part of efforts to reduce the 333 million new STI cases each year. STIs are a major cause of ill-health, with complications such as infertility and congenital syphilis. Having an STI can increase the risk of HIV infection tenfold, making STI treatment an important part of HIV prevention.
- Universal precautions are essential in emergency situations to prevent transmission of HIV from patient to patient, from health workers to patients and patients to health workers. Relief workers should have necessary supplies to ensure clean and safe conditions, such as soap and disinfectants, gloves, safe places for disposal of sharp objects, and sterilizing equipment.
- Safe blood transfusion is also critically important and requires the necessary equipment, supplies and training to prevent transmission.





Procuring and promoting condoms

Condoms are among the first reproductive health supplies to reach people caught in a crisis situation. They are often in demand to prevent both unwanted pregnancy and STIs including HIV/AIDS.

UNFPA provides condoms along with many other kinds of reproductive health equipment and supplies. This helps to fulfill the Minimum Initial Service Package (see next chapter) that is administered in cooperation with partner agencies, and that specifically calls for condom distribution in emergencies.

Through global advocacy efforts, the Fund promotes both male and female condoms and supports efforts to make them freely available in emergency situations. Once a situation stabilizes, social marketing may recover some costs and extend condom distribution.

UNFPA is the world's largest international supplier of condoms. A well-established system of logistics, quality control, forecasting and procurement makes it possible for countries to obtain reproductive health commodities including condoms and other contraceptives that are high quality, low cost and readily available.

Vulnerability to HIV infection among refugees and displaced people may be addressed by:

- Combatting ignorance through education and information;
- Raising awareness and providing training on gender issues, universal precautions and HIV/AIDS prevention;
- Providing user-friendly reproductive health services, particularly for women and adolescents, which offer voluntary testing and counselling;
- Alerting pregnant women to the risk of mother-to-child transmission;
- Engaging men as partners in fighting HIV/AIDS by reducing risky sexual and drug-taking behaviour, ending violence against women and practising safer sexual behaviour;
- Providing income-generating opportunities for women;
- Assessing crisis situations, noting prevalence, risk areas and cultural and religious beliefs, so that appropriate services can be established.

Amid the stress and hardship of an emergency, shame, social stigma and fear of abandonment make life more difficult for people living with HIV/AIDS. Comprehensive care for HIV/AIDS acknowledges the social and emotional impact of infection. As a cosponsor of UNAIDS, UNFPA advocates HIV/AIDS prevention as an integral part of reproductive health information and services.

VI

How UNFPA Takes Action

“Virtually every single medical facility has been damaged or destroyed. There are absolutely no supplies, not even soap for midwives to wash their hands; it's unbelievable.”

— UNFPA emergency relief operations officer in East Timor

UNFPA assistance starts in the initial phase of an emergency and extends through rehabilitation and beyond humanitarian aid to meet the long-term goals of development assistance. From airlifts of life-saving supplies to ongoing advocacy, UNFPA support for reproductive health and rights takes many forms:

- Pre-packaged supplies speed response;
- Rapid assessment identifies needs;
- Partnerships enhance cooperation;
- Training builds capacity;
- Advocacy raises awareness.

Pre-packaged supplies speed response

Quick response saves lives, which is why UNFPA ships pre-packaged supplies directly to emergency situations. Supplies, equipment and medicine are organized and stored in Amsterdam for immediate shipment.

These supplies help to implement the Minimum Initial Service Package (MISP) — a set of objectives and activities for achieving certain minimum requirements in an emergency. The MISP was developed by the Inter-Agency Working Group for Reproductive Health in Refugee Situations, of which UNFPA is a founding member. A key feature is the identification of a person who will coordinate reproductive health activities throughout the emergency situation.



Rapid assessment after Indian earthquake

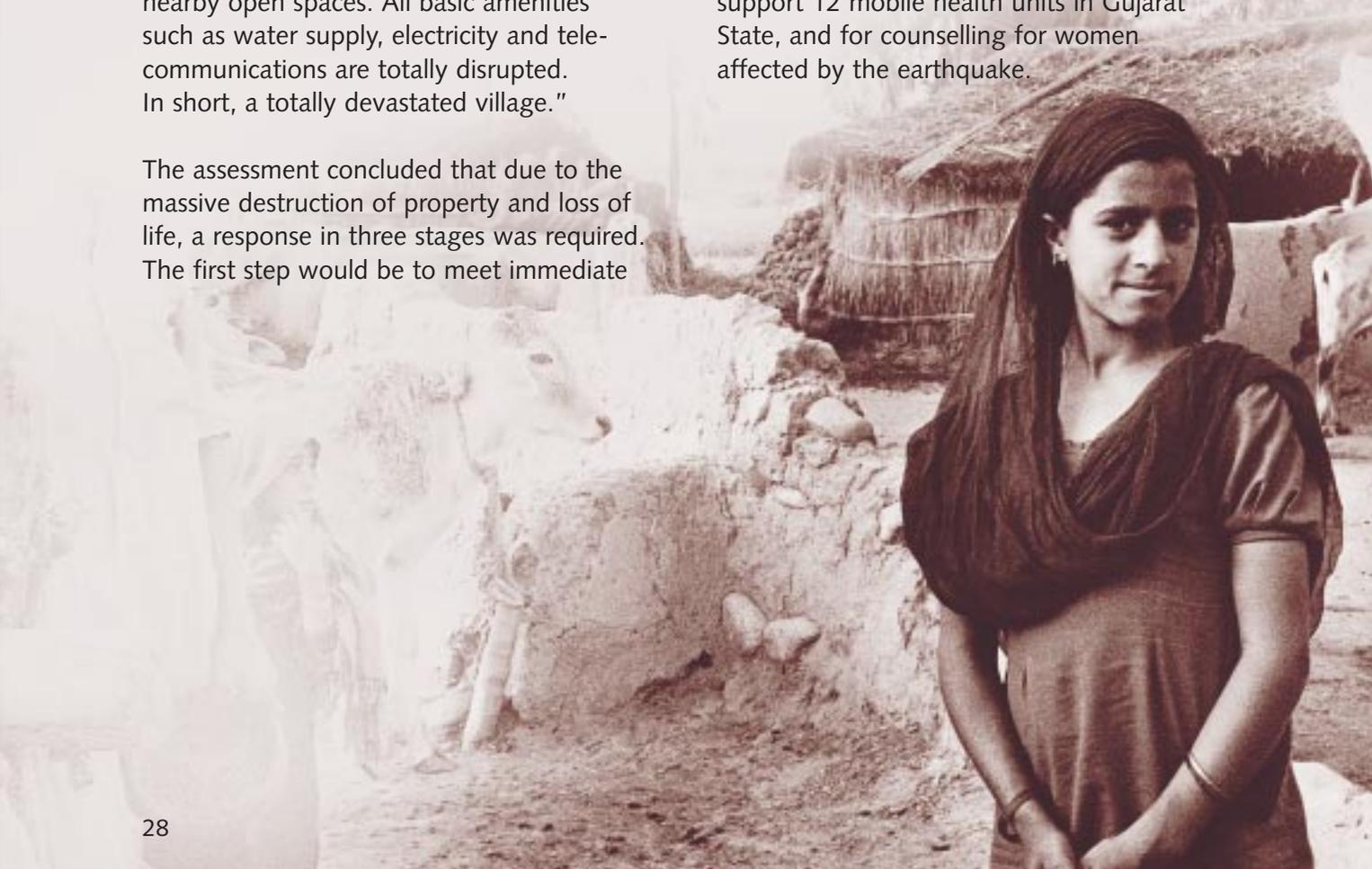
A major earthquake struck India's western state of Gujarat on 26 January 2001, killing more than 20,000 people and rendering 800,000 homeless. Hundreds of rural and urban health clinics and centres and three hospitals were destroyed. The national response, led by the Government, was effective and immediate.

UNFPA and UNICEF conducted a rapid assessment in the worst-affected area, the Kutch district. The team reported on just one of many towns and villages: "All the houses are totally razed to the ground. Practically all the inhabitants including women and children have moved to their fields or nearby open spaces. All basic amenities such as water supply, electricity and telecommunications are totally disrupted. In short, a totally devastated village."

The assessment concluded that due to the massive destruction of property and loss of life, a response in three stages was required. The first step would be to meet immediate

requirements related to temporary settlement; prepare for water-borne and other epidemics; and restore electricity and communication systems and water supply and sanitation facilities. Second, an in-depth analysis would be conducted regarding the situation of the homeless and to restart the health, nutrition and education services in temporary settings. The third stage would be to provide permanent settlements, economic activities and social services to restore normal life once again.

Following the assessment, UNFPA dispatched emergency resources and additional personnel. Regular programme funds were redirected to support 12 mobile health units in Gujarat State, and for counselling for women affected by the earthquake.



Reproductive health needs in the early phase of an emergency include:

- Safe delivery for births with and without skilled help;
- Condoms to prevent STI transmission and unwanted pregnancy;
- Contraceptives and family planning support;
- Rape prevention and management;⁶
- STI prevention and drugs for treatment;
- HIV/AIDS prevention;
- Care after miscarriages and unsafe abortions;
- Sutures and surgery for caesarian sections and bleeding;
- Safe blood transfusions and instructions on universal precautions;
- Referrals for more advanced care.

Supplies to meet each of these needs are packaged together in 12 emergency reproductive health kits. Depending on the situation, orders might be placed for home delivery kits, condom kits or kits with hospital-level equipment, for example. Once an emergency stabilizes, the procurement of reproductive health materials becomes a regular part of a more

⁶ Emergency contraception (known as the “morning-after pill”) is provided in the case of rape and only when the refugee woman requests it. The pills do not interrupt pregnancy and are not a form of abortion. This method of preventing pregnancy after unprotected sexual intercourse is an essential part of treatment for victims of sexual violence.

PHASES OF AN EMERGENCY

The Emergency Phase:

The rapid and forced movement of populations, sometimes accompanied by violence and other risks, results in the need to care for people in temporary settlements. During this phase it is necessary to assess the conditions of the population for the purpose of emergency relief planning; to provide basic services and food, conduct epidemiological surveillance and prevent disease; protect people from violence and other abuses of human rights, reunify families and protect communities; and provide trauma treatment and counselling.

The Post-emergency Phase:

While the affected populations may be more settled, there is a need to expand and institutionalize basic services, particularly in the area of health. Future-oriented needs must be considered in this phase, such as education and employment, community-building and self-reliance, and possible eventual resettlement or repatriation.

Complex Emergency:

A complex emergency is a humanitarian crisis with total or considerable breakdown of authority resulting from internal or external conflict in a country, region or society. It requires an international response that goes beyond the mandate or capacity of any single agency or the ongoing UN country programme. Characteristics of a complex emergency include large numbers of civilian victims (who are targets in the conflict), besieged or displaced populations, and immense human suffering. The delivery of humanitarian assistance is impeded or prevented by parties of the conflict. Relief workers face high security risks and may become targets in the conflict.



“Ultimately, the goal of training is to develop a pool of personnel able to rapidly assess reproductive health needs and to introduce and manage effective responses at the earliest phase of an emergency situation, and through the transitional phases.”

— Training for Reproductive Health in Emergency Situations, UNFPA, 2000

comprehensive health care programme. A CD-ROM produced by UNFPA helps relief workers and coordinators order and obtain the pre-packaged supplies.

Rapid assessment identifies needs

Accurate data enable relief agencies to respond appropriately. First, some basic questions must be answered: how many

people need help and for how long? Who is at highest risk and why? How many women are pregnant or lactating? Can existing services provide any reproductive health care? What attitudes do the refugees have about reproductive health?

Answers are found through interviews with refugee leaders, discussion groups, questionnaires, surveys and checklists. The participation of refugees themselves is an important part of the information-gathering process.



UNFPA's expertise in data collection and analysis is being used more often in crisis situations as partners recognize the Fund's experience and the value of demographic data. Such data are used to design reproductive health programmes, assess existing capacity and monitor services. In an emergency situation, the objectives and the indicators used to measure progress can be simple but effective in determining what actions should be taken next.

Partnerships enhance cooperation

Relationships forged under crisis conditions are part of an ever-expanding network of UNFPA partnerships. Ultimately, when calm returns, these partnerships will contribute to stronger reproductive health services in the future.

To facilitate a quick and coordinated response, UNFPA has:

- Signed partnership agreements (memoranda of understanding) with the United Nations High Commissioner for Refugees, the Office of the United Nations High Commissioner for Human Rights, the International Organization for Migration, the International Federation of Red Cross and Red Crescent Societies and other NGOs active in the field, including the International Planned Parenthood Federation and the Japanese Organization for International Cooperation in Family Planning.

UNFPA supports projects to help victims of conflict in Angola. Many women and men have been disabled by landmines and need help to support and educate their families.

Prevailing in the face of prolonged crisis

Fatima, 38, and her family numbered among the millions displaced by a devastating combination of factors in Sudan's complex emergency, which include an 18-year civil war, flooding, drought and famine.

Fatima, her husband and eight children lived in Umbaddah, a crowded Sudanese settlement on the outskirts of Omdurman, an area of Khartoum overflowing with displaced families from all parts of Sudan. They lived without running water or electricity in a shack made of cardboard and tattered sheets of plastic, held upright by four pieces of wood. They earned less than a dollar a day, combined.

A UNFPA-supported project helped Fatima secure a loan in 1998 and start a business buying and selling clothes from the Omdurman market. She soon repaid the loan and purchased two goats and some fowl. Her proudest accomplishment: returning her daughter, Siham, to school. Siham completed school and gained admission to Khartoum University's Faculty of Medicine.

Once again, in 2001, late and erratic rainfall threatened drought and greater hardship for the millions already in poverty. UNFPA joined UNICEF, the World Food Programme and WHO to address the emerging situation, and to plan cooperative efforts with NGOs and the Government of Sudan. Ongoing insecurity and population displacements not only destroyed most of the country's trading and production systems, but also created serious impediments to relief efforts.



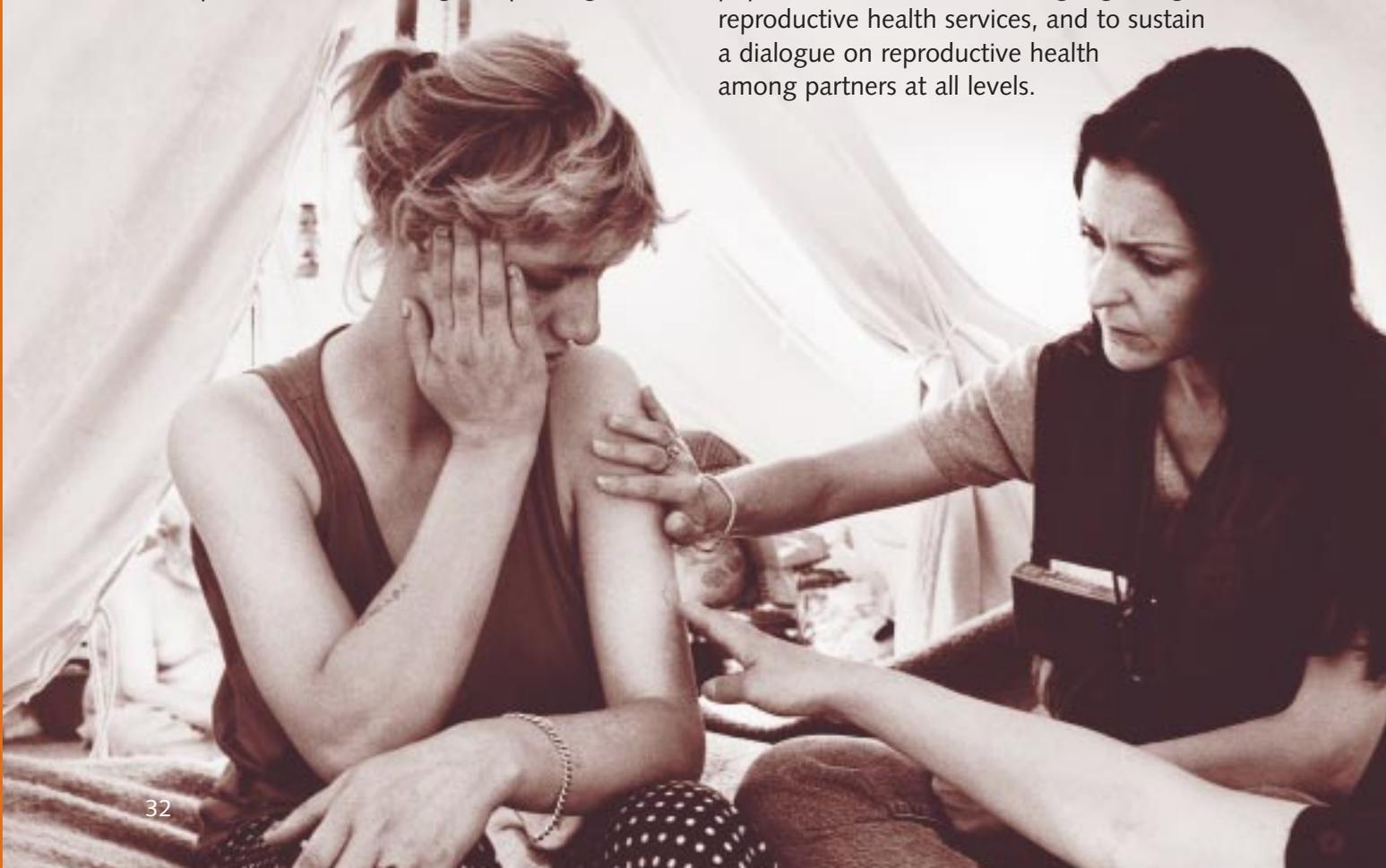
Training on reproductive health in emergency situations

Creating a critical mass of skilled people was the focus of a UNFPA-supported project on training and advocacy for reproductive health services in emergency situations. With funding from the Belgian Government, the project ran from 1999 to 2001, and formed the basis of a subsequent project on adolescent reproductive health in crisis situations.

In close cooperation with UNHCR, IFRC and other NGOs, training courses were held for relief workers from international, national and local organizations. More than 90 health professionals from 30 countries participated in the training, which was facilitated by 44 experts. Training courses were held in Kenya in September 2000 for English-speaking

African countries; in Azerbaijan in November 2000 for Central Asia and Eastern and Central Europe; and in Mauritania in March 2001 for French-speaking African countries. A curriculum was designed as a modular course using participatory learning methods such as role play, group discussion, site visits and case study exercises.

The training prepared participants to better coordinate reproductive health services as part of relief efforts, enhancing the knowledge and skills required to mediate between vulnerable populations and relevant international and national agencies and institutions. It also prepared participants to involve affected populations in decision-making regarding reproductive health services, and to sustain a dialogue on reproductive health among partners at all levels.



- Participated as a founding member in the Inter-Agency Working Group for Reproductive Health in Refugee Situations, a group of more than 30 UN agencies, NGOs, academic and donor institutions that developed a field manual, identified the minimum requirements in an emergency, and reviewed the contents of the reproductive health kits.
- Helped produce *Reproductive Health in Refugee Situations: An Inter-agency Field Manual*, a comprehensive manual that offers guidance to field managers of health services in refugee situations. The 135-page publication was launched in 1999 by WHO, UNHCR and UNFPA.
- Established the Humanitarian Response Group (HRG) within UNFPA to coordinate the Fund's humanitarian interventions and partnerships with governments, UN organizations and NGOs. The HRG also builds institutional capacity, linking the regional Country Technical Services Teams, UNFPA country offices and key staff in New York and in Geneva.
- Organized events such as the 1998 meeting of experts from 25 agencies and organizations in Rennes, France, to discuss the delivery of reproductive health services to people in crisis situations, and the 1995 Inter-agency Symposium on Reproductive Health in Refugee Situations attended by more than 50 governments, UN organizations and NGOs.
- Actively participates as a member of the UNAIDS Steering Committee on HIV and Security, working with partners to ensure HIV awareness and prevention in peacekeeping operations, among uniformed services, and for civilians in conflict situations.

- Works with partners to document, analyse and develop practical programme guidance to deal with the special problems of women in conflict situations. A Consultative Meeting on Women and Conflict, held in Bratislava in November 2001 with activists and policymakers from southern and eastern Europe and Central Asia, included working groups on: (1) the impact of conflict on women's health (including HIV); (2) trafficking and gender violence; (3) gender issues in peacekeeping operations; and (4) the role of community organizations in providing support to women in conflict.

UNFPA was accorded full membership in the Inter-agency Standing Committee for Humanitarian Affairs in April 2000. This was in recognition of the increasing role the Fund has taken in emergency situations since the ICPD in 1994.

Providing comprehensive and high-quality reproductive health information and services requires an integrated approach. Personnel from many sectors—protection, health, nutrition, education and community service—all have a part to play in meeting the reproductive health needs of communities in crisis.

Training builds capacity

Beyond the equipment and supplies that meet immediate needs, UNFPA supports training that has a lasting impact on reproductive health. Training builds capacity by enhancing the knowledge, skills and attitudes associated with reproductive health in emergencies.

Training improves the emergency response, raises awareness of the need to protect repro-



ductive health in crisis situations, and in the long run adds to the number of trained health workers and educators who will continue to apply their training once normalcy returns.

UNFPA supports training through workshops, courses and materials designed for distinct audiences:

- UNFPA staff, to institutionalize the emergency response;
- Partners in UN organizations, NGOs and governments, to recognize reproductive health needs in emergencies and coordinate a humanitarian response;
- Health workers, to provide higher quality reproductive health services to refugees and displaced persons;
- International and national programme planners, to assess needs, plan and carry out projects, and monitor and evaluate progress.

Examples of training activities include a course on how to use the inter-agency field manual for reproductive health in emergencies, regional workshops for humanitarian workers, and training programmes for health care professionals at the local level. In many cases, those who receive training will then train others, multiplying the positive impact.

Advocacy raises awareness

The message of UNFPA advocacy efforts is simple but significant: all refugees and displaced persons have a right to reproductive health, which must be an integrated component of the services provided in a crisis.

Awareness is growing rapidly of the need to protect reproductive health in emergencies. Increasing numbers of governments, UN agencies and local and international NGOs have shown their support for making reproductive health a higher priority in humanitarian assistance programmes.

UNFPA alone cannot overcome the obstacles to reproductive health, which so often in emergencies suffers from a lack of resources, trained personnel and coordination. Advocacy is a primary tool to change policies, laws and programmes.

Advocacy efforts are carried out through meetings and conferences; training workshops; curriculum development; and information, education and communication activities. Advocacy materials include a video produced by UNFPA that conveys the plight of women and men displaced by war in Angola and “Women in Distress”, a video about UNFPA support for refugees in Tanzania.

Advocacy not only helps consolidate support for reproductive health in emergencies, it also increases understanding of issues such as violence against women and the importance of men’s access to information and services.

VII

Partnerships and Funding

“No two emergencies are alike: earthquakes in El Salvador and India, armed conflicts in Eritrea and Ethiopia, drought in Kenya or violence in Kosovo. Yet one can expect the unexpected. Advance planning and strong partnerships help us prepare for the worst and enable even a relatively small agency such as UNFPA to have a significant impact on protecting reproductive health in emergencies and through recovery.”

— Thoraya A. Obaid, UNFPA Executive Director

Demand is increasing

The demand for help in emergencies is expected to increase. Given the events of recent decades, the world is likely to see large and even growing populations of refugees, returnees, internally displaced persons and others affected by crisis situations.

UNFPA has been increasing its capacity to respond to emergencies in the years since the 1994 International Conference on Population and Development (ICPD), which issued an

explicit mandate to support vulnerable groups such as refugees and the internally displaced.

Governments requested UNFPA support in 2000-2001 to replace or re-establish reproductive health services in countries around the world. These requests were in response to a variety of crisis situations:

- Natural disasters in India, Iran, Kenya, Madagascar, Mongolia, Mozambique, Sri Lanka, Sudan, Turkey, Venezuela and Zimbabwe.



Criteria for allocation of emergency funds

Many factors go into decision-making when limited funds must be used to maximum effect. In addition to donor contributions earmarked for specific countries, UNFPA uses global emergency funds according to the following categories of consideration:

Level of need

Severity: Levels of damage to facilities, access to services, availability of basic supplies.

Urgency: Degree of life-threatening situations such as unsafe delivery, HIV exposure, unsafe abortion or sexual violence.

Numbers: Women and adolescents in need, at risk, and without access.

Alternative sources of support

The UN Consolidated Appeals Process provides a framework for donors to channel funds directly to a multi-agency comprehensive relief effort.

Multilateral and bilateral support funds are raised locally or mobilized by Headquarters from specific donors.

“Seed” funding is used to initiate pilot projects proving the efficacy of relief efforts to donors in order to generate larger donations.

Equity

What are the regional considerations?

Has attention been directed to forgotten emergencies (those not covered by the media and neglected by donors)?

■ Refugees fleeing armed conflict or political crises in Afghanistan, Angola, Burundi, Colombia, Republic of Congo, Democratic Republic of Congo, Eritrea, Ethiopia, Guinea, Indonesia, Iran, Kenya, Pakistan, Occupied Palestinian Territory, Russian Federation, Sierra Leone, Somalia, Sudan, Uganda, United Republic of Tanzania, Yemen, Federal Republic of Yugoslavia and Zambia.

While UNFPA is not able to respond to all requests for assistance, it provides selective

and catalytic support in as many cases as possible. This limited support can be critical when no other organization offers UNFPA's expertise or when reproductive health issues that are complicated and sensitive are being overlooked.

Large numbers of UNFPA programme countries have experienced natural disasters, conflict or other political or economic crises, creating new priorities not anticipated by existing country programmes.

Lack of funding hinders response

International donor support for reproductive health programmes of all kinds is far below what is needed. As a result, developing countries are unable to fully implement the ICPD Programme of Action. When an emergency erupts, inadequate resources are stretched even thinner.

UNFPA established a rapid response fund to enable quicker response to emergencies, especially in the initial phase. Endorsed by the Executive Board in 2000, this funding mechanism significantly improved UNFPA's ability to respond quickly to urgent needs. Previously, time was required to mobilize funds and to adjust country programmes to finance emergency assistance.

Better-publicized emergencies or those of particular interest to a donor tend to receive support, while others lack resources. Global funds that UNFPA can apply where needed most help equalize this inequity.

Donor support

International recognition and financial support for UNFPA's work in emergency situations have increased substantially over time. Support comes from governments, NGOs, foundations, corporations and individuals. UNFPA is supported entirely by voluntary contributions, not by the United Nations' regular budget.

- The Belgian Government provided \$3.1 million for a three-year programme in adolescent reproductive health in emergencies (2001-2003), and also provided \$636,000 for a programme for international training and capacity-building (1999-2001).

- The Government of the Netherlands provided \$4 million for emergency assistance in 2000-2001, which funded activities in 25 countries including a gender violence project in East Timor, data collection in Guinea, and HIV/AIDS prevention among commercial sex workers in Sierra Leone.
- The UN Foundation in 2000 provided \$3.1 million for a three-year project that provides reproductive health services and technical support for refugees and the displaced.
- The Government of Luxembourg pledged \$4.5 million in 2001 to meet the emergency reproductive health needs of Afghan women and youth.

To obtain additional resources, UNFPA participates in the UN Consolidated Appeals Processes (CAPs). In 2001, the Fund received separate donor support for CAP activities in Afghanistan, Angola, Democratic Republic of Congo, Eritrea, Northern Caucasus, Somalia, South-eastern Europe and Sudan.

Partnerships are a priority

The provision of reproductive health in emergencies depends on partnerships. UNFPA's partners in emergencies are from national governments; UN agencies such as UNAIDS, UNHCR, UNICEF and the World Food Programme; international organizations such as the International Federation of Red Cross and Red Crescent Societies (IFRC); and many local NGOs.

Among the many examples of successful cooperation are the following:

- Training courses on reproductive health in emergencies were developed in collabo-



ration with the Inter-Agency Working Group for Reproductive Health in Refugee Situations, a group of approximately 30 UN agencies, NGOs, academic and donor institutions;

- In East Timor, all local NGOs working in the health sector were provided with emergency reproductive health equipment and supplies by UNFPA. Partner NGOs included the International Rescue Committee, Aide Médicale Internationale and Peace Winds Japan;
- Collaboration in Kosovo with the International Organization for Migration produced a national demographic health survey that provided the only up-to-date statistical information available for current and future planning regarding the Kosovar population;
- In Eritrea, post-conflict rehabilitation, including HIV/AIDS prevention among young people, was carried out through partnerships with the Ministry of Health, the Ministry of Defense, the National Union of Eritrean Youth and the National Union of Eritrean Women. Support was provided by Population Services International, the U.S. Agency for International Development and UNFPA.
- In February 2001, UNFPA participated in a UN joint mission with representatives from UNAIDS, the UN Department of Peacekeeping Operations and UNIFEM to carry out an assessment of the HIV/AIDS

situation related to the UN Mission in Sierra Leone. Among other groups, a cooperative response included the Armed Forces of the Republic of Sierra Leone.

- Numerous partners joined UNFPA for the training and adolescent reproductive health projects funded by the Belgian Government, including UNAIDS, UNICEF, IFRC, the Inter-Agency Working Group on Reproductive Health in Refugee Situations, International Planned Parenthood Federation, and local NGOs such as the Red Cross and Red Crescent affiliates.
- With funding from the UN Foundation, UNFPA supports the work of the members of the Reproductive Health for Refugees Consortium, who provide small grants, technical assistance and services in a number of countries and also works closely with the Women's Commission for Refugee Women and Children to coordinate this collaboration. The RHR Consortium members participating are Marie Stopes International, International Rescue Committee, American Refugee Committee and CARE.

Through an extensive network of partners at all levels, the benefits of reproductive health in emergencies are multiplied many times over. Cooperation and adequate funding not only enable UNFPA to carry out its mandate, they save the lives and improve the reproductive health of women and men, adult and adolescent, in communities in crisis.



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