



WOMEN ARE THE FABRIC

REPRODUCTIVE HEALTH FOR
COMMUNITIES IN CRISIS



Women are the fabric that holds families and communities together, especially during crisis.

Women give life, love and care to children, help to build and take care of the home, and feed and clothe their loved ones. In most of the developing world, women are additionally responsible for the agricultural production and local trade that help sustain their local economies. Women also weave the social fabric of their communities - working together to support schools, organize community events, and help to look after neighbours in need.

When emergencies strike, women become even stronger. In times of conflict, women may have to single-handedly ensure the safe flight of children, older relatives and the disabled across barren, unfamiliar territory, especially when men have been killed or are away fighting. In the aftermath of a natural disaster and in refugee settings, women's usual roles often expand at the same time that even basic tasks, such as water collection, become more difficult to carry out. In all these situations, women must overcome immense obstacles to provide care and safety for others even as their own vulnerability to malnutrition, sexual violence and exploitation, sexually transmitted infection, unplanned pregnancy and unassisted childbirth may increase.

In times of crisis, the particular strengths and vulnerabilities of women are often overlooked in the rush to provide humanitarian assistance. Yet targeted support to women can be one of best ways to ensure the health, security and well-being of families and entire communities. That is why UNFPA, the United Nations Population Fund, works with partners to ensure that the specific needs of women are factored into the planning of all humanitarian assistance. UNFPA also addresses urgent reproductive health needs that are sometimes forgotten.

Women are endlessly resilient and resourceful, stopping at nothing to keep their families healthy during crisis and to mend their communities and nations when the worst has passed. This book is a tribute to the strength of women and a promise to do everything we can to give them the support, care and protection they need to take care of themselves and their families.

Thoraya A. Obaid

Thoraya A. Obaid
UNFPA Executive Director



*A sudden attack on a village
A devastating earthquake*



WHEN EMERGENCIES STRIKE LIFE CAN CHANGE IN AN INSTANT

Conflict and natural disasters can destroy homes and communities – or drive people from them – from one moment to the next.

Forced to flee or find shelter, often with little more than the clothes on their backs, families and individuals suddenly find themselves without basic necessities – from obvious things like food and water to hygiene supplies and medical care.

Hospitals and clinics are often destroyed or become inaccessible, yet health needs persist or even escalate. Individuals also lose access to information about how to stay healthy.

Individuals may be torn away from their families and communities at the same time that security and policing break down and vulnerability to attack increases. They may spend weeks, months, or even years living on the run or in temporary settlements.

Displaced persons who are cut off from the protection and support of their families and communities may become more vulnerable to sexual violence, abuse and exploitation.

Young refugees can also be deeply affected by the absence of role models, the breakdown of social and cultural systems, personal traumas such as the loss of family members, exposure to violence and chaos, and the disruption of school and friendships. These factors may lead to early sexual initiation and other high-risk behaviour, including drug and alcohol abuse.

In the world today, there are more than 30 million refugees and internally displaced persons. This does not include the millions more who are temporarily or permanently uprooted by natural disaster.

Women and children account for 80 per cent of refugees and internally displaced persons.

WHEN EMERGENCIES STRIKE WOMEN PROVIDE CARE

Even in times of peace, it is usually women who look after children, the sick, the injured and the elderly.

When emergencies strike, this burden of care can multiply. In many cases, women become the sole providers and caretakers for their households, and sometimes the families of others – especially when men have been killed, injured or must leave their communities to fight or rebuild.

During crisis and in refugee situations, women and girls become the ultimate humanitarian workers. They obtain food and fuel for their families, even when it is unsafe to do so. They are responsible for water collection, even when water systems have been destroyed and alternate sources are far away. They help to organize or rebuild schools. They protect the vulnerable and care for sick and disabled family members and neighbours. Women are also likely to take on additional tasks, including construction and other physical labour, and activities to generate income for their families.

In many conflict zones, women's actions also help to bring about and maintain peace. Women care for orphaned children who might otherwise become combatants. They organize grass-roots campaigns, sometimes across borders, to call for an end to fighting.

When the situation stabilizes, women work together to mend their torn communities. They help rebuild, restore traditions and customs, and repair relationships – all while providing care for the next generation.

UNFPA supports women and girls because they are strong.



WHEN EMERGENCIES STRIKE WOMEN NEED CARE

Women have unique health concerns, from hygiene needs to life-threatening complications related to pregnancy and childbirth.

Women are especially vulnerable to poor nutrition. Vitamin and iron deficiencies, especially anaemia, can be fatal for pregnant women and their babies. Malnutrition in young girls can endanger their health years later when they are ready to start families of their own.

The stress and disruption of war and other disasters often lead to a rise in sexual violence and domestic abuse. In addition to its psychological effects, sexual and domestic violence can have severe consequences for a woman's health.

The breakdown of community norms and protection may lead to a rise in sexual exploitation.

Women's physiology makes them more vulnerable to HIV and other sexually transmitted infections. Rape and other types of coercive sex increase this risk even further, as abrasions and the tearing of vaginal tissues increase the possibility of infection.

The lack of sanitary supplies for menstruation can impede the mobility of women and girls and may cause them to experience discomfort, shame and isolation for several days each month.

The burden of care they assume for children and others can make it difficult for women to take proper care of themselves. They may neglect their own needs as they devote themselves to caring for their families and others who need their help.

These factors can also take a toll on women's psychological well-being.

UNFPA supports women and girls because they have unique needs.





Emergencies affect women and men differently.

So can humanitarian response.



HUMANITARIAN RESPONSE

MAKING AID WORK FOR WOMEN AND GIRLS

FOOD

Experience shows that food aid is more likely to reach the people who need it when women are in charge of its distribution. Women tend to be aware of the needs of particular families, including female-headed households. Putting food aid in the hands of women also reduces corruption and sexual exploitation.

Food programmes must also provide for the unique nutritional needs of women and girls. Iron supplements help to prevent anaemia, and Vitamin A and other nutritional supplements are important for lactating women and their babies.

WATER AND HYGIENE

Women and girls are usually responsible for collecting water. If the source is far away or in an unprotected area, this burden can be time-consuming, physically exhausting or even dangerous.

Sanitary supplies for menstruation are important for women's dignity, comfort and mobility. Without them, women may be inhibited from carrying out daily tasks, and girls may stay home from school, increasing their likelihood of dropping out.

SECURITY

When latrines and washing facilities are placed far from living areas, women and girls may be vulnerable to attack. In many refugee settlements, women and girls may also be in danger if they must leave the safety of the camp to collect firewood and animal fodder.

Proper lighting, night patrols, firewood collection escorts, and separate living facilities for unaccompanied women and girls can mean the difference between safety and sexual attack.

UNFPA works with humanitarian partners to ensure that gender considerations are factored into aid planning and camp design.



*In the rush to provide assistance,
some critical needs may be forgotten.
UNFPA addresses these needs.*



UNFPA HUMANITARIAN RESPONSE

PROMOTING SAFE MOTHERHOOD

Women do not stop getting pregnant or having babies when a disaster strikes.

In a crisis or refugee situation, one in five women of childbearing age is likely to be pregnant.

Conflicts and natural disasters put these women and their babies at risk because of the sudden loss of medical support, compounded in many cases by trauma, malnutrition or disease, and exposure to violence.

Women fleeing war may have to give birth on the run, without even the most basic items for clean delivery.

Natural disasters can wipe out medical facilities, and push many women into premature labour.

Even in relatively stable refugee or displacement settings, lack of family planning and maternal care can put countless women at risk.

Women who die in childbirth leave behind devastated families. Their other children are more likely to die before reaching adolescence. Even those who survive are less likely to complete their education.

Urgent safe motherhood interventions can mean the difference between life and death for pregnant women and their newborns, and for other children and relatives under their care.

When crisis strikes, UNFPA sends emergency supplies and equipment to make childbirth safer and to support medical interventions where necessary. More comprehensive services are organized when the worst of the crisis has passed.



UNFPA HUMANITARIAN RESPONSE PROMOTING SAFE MOTHERHOOD

FAMILY PLANNING

In places where skilled birth attendance and emergency obstetric care are not available, an unplanned pregnancy can be fatal. Many couples would prefer not to risk pregnancy or have a baby during a crisis but lack the means to postpone pregnancy when family planning services become unavailable.

Neglecting family planning can have other serious consequences, including unsafe abortions resulting from unwanted pregnancies. Restoring access to safe, effective contraception protects the lives and well-being of women and children and enables crisis-affected couples to manage scarce family resources more effectively.



UNFPA, a leader in family planning for more than 30 years, is able to ship male and female condoms and other family planning supplies within hours of an emergency. When the situation stabilizes, UNFPA conducts rapid assessments to determine local needs and preferences and supports efforts to make a wide range of modern methods available so that couples have access to the contraceptive of their choice.

PRENATAL CARE

Prenatal care can save lives and keep expectant mothers and their babies healthy. Prenatal care helps to identify general health problems that need to be treated and educates women and their communities to recognize danger signs during pregnancy.

Prenatal care should also address the special nutritional needs of pregnant women. Health care providers must be trained to detect anaemia and other vitamin deficiencies that can put the mother and her unborn baby at risk. Good prenatal care can also minimize the risk of HIV transmission from HIV-positive parents to their unborn children.



UNFPA emergency health kits include the tools health workers need to provide basic prenatal care: for everything from medical examinations to medicines and supplies to prevent malnutrition, malaria and other threats to a mother's health. UNFPA also provides training for health workers and midwives to make sure women receive the care they need during all phases of pregnancy and childbirth.

SAFE CHILD DELIVERY

Complications during and after childbirth are a leading cause of death and disability for women in developing countries. In times of crisis, the risk of maternal and infant mortality is even higher. Women fleeing conflict or displaced by natural disaster are often forced to give birth without access to even the barest essentials for safe child delivery.

The most critical interventions for safe child delivery are providing women with skilled care during childbirth and ensuring that women who experience life-threatening complications (15 per cent in any population) have prompt access to emergency obstetric care.



UNFPA emergency response includes rapid shipment of clean delivery kits – including a new razor blade and string for cutting and tying the umbilical cord – to help prevent fatal infections in women who cannot reach a medical facility. UNFPA also sends the equipment, medicine and supplies health facilities need to provide clinical delivery assistance and emergency obstetric care.

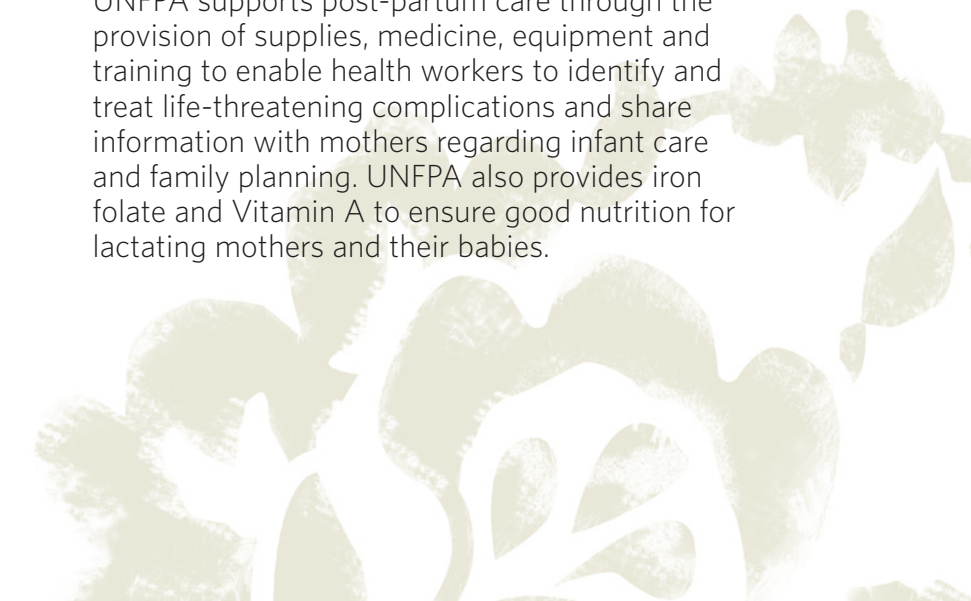
POST-PARTUM CARE

Up to 50 per cent of all maternal deaths occur after delivery. Post-partum care can mean the difference between life and death for a mother and her newborn. Whether conducted in a health facility or through a visit by a midwife or trained birth attendant, post-partum care can assess the mother's general condition after childbirth and identify haemorrhage, hypertension, infection and other life-threatening conditions that may require urgent medical attention.

Post-partum care is also an opportunity for the midwife or health worker to assess the health of the newborn and talk to the mother about infant care, breastfeeding and nutrition.



UNFPA supports post-partum care through the provision of supplies, medicine, equipment and training to enable health workers to identify and treat life-threatening complications and share information with mothers regarding infant care and family planning. UNFPA also provides iron folate and Vitamin A to ensure good nutrition for lactating mothers and their babies.



UNFPA HUMANITARIAN RESPONSE

PREVENTING HIV INFECTION

Conditions in emergencies increase the risk of exposure to HIV and other sexually transmitted infections.

Displacement and the disintegration of families and communities – combined with the breakdown of health and education infrastructure and sudden unavailability of condoms – can lead to a rise in unprotected sex.

Desperate conditions may force unaccompanied women and adolescents to exchange sex for food, shelter or protection.

Equipment and supplies for screening blood may be destroyed at the same time that the need for transfusions increases.

When families and communities are torn apart, women and young people become more vulnerable to sexual violence. In many conflicts, rape has been used as a weapon of war to terrorize and drive out enemy populations.

The possibility of sexually transmitted infection is greater in cases of rape and other forms of coercive sex due to the increased likelihood of vaginal tearing and bleeding.

Even in post-conflict settings, a residual culture of violence and shattered legal systems may continue to fuel high levels of sexual violence.

In an emergency, condoms and other means of HIV prevention may seem less urgent than other humanitarian assistance but can be just as important for saving lives.

UNFPA ships condoms, equipment for safe blood supply, and other items for HIV prevention as soon as emergencies hit. When the situation stabilizes, and in refugee settings, more comprehensive prevention activities are established.



UNFPA HUMANITARIAN RESPONSE PREVENTING HIV INFECTION

PREVENTION IN HEALTH FACILITIES

Armed conflicts and natural disasters increase the number of people requiring medical care. But in many crisis zones, personnel working in damaged or temporary health facilities may lack the ability to ensure clean and safe conditions to prevent HIV transmission among workers and patients.

Pregnant women who haemorrhage during delivery, landmine victims, and countless others caught up in conflict and natural disaster require blood transfusion. Blood screening is critical to ensure a safe blood supply. Health workers must also have the supplies to maintain 'universal precautions' to prevent transmission from patient to patient, health worker to patient, and patient to health worker.



UNFPA provides health facilities with emergency supplies and equipment and trains health workers in their use. Included are supplies and equipment for safe blood transfusion and sterilization of instruments, and instructions for maintaining universal precautions for HIV prevention. UNFPA also provides the medication, testing equipment and training needed to administer post-exposure prophylaxis, to protect health workers who may have been exposed to infected blood.

INFORMATION AND EDUCATION

All communities need access to basic information about HIV and how to avoid infection. This information may be even more critical for crisis-affected populations, whose vulnerability may increase at the same time that traditional information networks break down. Young displaced people are at particular risk as they often lack the life skills and knowledge they need to protect themselves.

Information campaigns, user-friendly health services, and youth centres are critical elements of HIV prevention. Refugee camps provide opportunities as well as challenges, as education and outreach can be linked to other camp activities.



UNFPA combines a variety of strategies to empower displaced people with the knowledge they need to stay HIV-free. These include mass media campaigns, life-skills education, voluntary counselling and testing, and the creation of 'safe spaces' where adolescents can freely access information, services and peer support networks. UNFPA programmes also promote delayed sexual initiation among young people and help prevent transmission from new or expectant mothers to their babies.

PROVIDING FREE CONDOMS

The vast majority of HIV infections are sexually transmitted. Condoms are the surest way to arm crisis-affected populations with dual protection against sexually transmitted infection and unwanted pregnancy. But condoms may become unavailable when health facilities are destroyed, supply lines are cut off or people become displaced.

Because many people in a crisis or refugee situation will be destitute, it is essential that condoms are free and readily available to those who seek them. Condom provision must be accompanied by campaigns to raise awareness of their effectiveness in preventing sexually transmitted infection, their correct use, and where to obtain them.



UNFPA is the largest international supplier of condoms, and works with local and international partners to make free condoms available in crisis settings around the world. UNFPA also works with UNHCR, the United Nations High Commissioner for Refugees, to supply male and female condoms to refugees and internally displaced persons in more than 20 countries.

TREATMENT FOR OTHER STIs

Sexually transmitted infections – such as gonorrhoea, syphilis, and chlamydia – are among the most common illnesses in conflict and displacement settings. People with STIs may suffer chronic pain, infertility, cancer, and complications during pregnancy and childbirth. Having an STI can increase the risk of HIV infection tenfold, making STI treatment an important part of HIV prevention.

Because the risk of HIV transmission is higher in people with STIs, early establishment of STI services, including condom provision, must be a priority. Female health workers and people trained to work with adolescents should also be available so women and young people feel comfortable seeking assistance.



UNFPA supports the prevention and treatment of sexually transmitted infections through the provision of condoms, drugs and other supplies, and by supporting the training of health care providers. Health workers are trained to recognize and diagnose symptoms, provide effective and confidential treatment, and conduct outreach and information campaigns, including notification and treatment of partners.

UNFPA HUMANITARIAN RESPONSE

ADDRESSING SEXUAL VIOLENCE

Sexual violence occurs at every stage of a conflict and may become more widespread in the wake of a natural disaster.

The victims are usually women and adolescents, who have often been separated from their families and communities.

In many conflicts, women's bodies become battlegrounds, with rape used as a weapon of war to humiliate, dominate or disrupt social ties among the enemy.

In the aftermath of natural disasters, women and young people may be left unaccompanied – out in the open or in temporary shelters – at the same time that chaos and a breakdown in policing lead to increased lawlessness and attack.

Domestic violence and marital rape may also rise among crisis-affected populations, as many men who have lost jobs, status and stability take out their frustrations on their partners.

The impact of violence, especially rape, can be devastating. Physical consequences may include injuries, unwanted pregnancies, and HIV/AIDS. Damage to mental health may lead to anxiety, post-traumatic stress disorder, depression, and suicide.

Survivors who fail to receive appropriate treatment and counselling can suffer these effects for years, greatly diminishing their ability to care for themselves or their families. The families and communities of survivors may be traumatized as well.

Widespread sexual violence is also endemic in many post-conflict situations, where it can perpetuate a cycle of anxiety and fear that may impede recovery and reconstruction.

UNFPA works with governments, local organizations and other humanitarian partners to provide medical care and social support for the survivors of sexual violence and to prevent further attacks.



UNFPA HUMANITARIAN RESPONSE ADDRESSING SEXUAL VIOLENCE

PREVENTION

Sexual violence is not inevitable. Better policing, involving women in the design of humanitarian assistance, working with displaced communities to make sure women are not vulnerable to attack on their way to collect water and fuel, and ending impunity for perpetrators are just a few of the actions that can help to minimize sexual violence.

Information campaigns can help to raise awareness of the issue, initiate discussions in the community, reduce stigma, and encourage survivors to report incidents and seek care. Effective campaigns involve men and promote reflection about cultural attitudes and gender inequities that perpetuate violence against women.



UNFPA advocates with governments and humanitarian partners for better security for crisis-affected women and girls, prosecution of perpetrators, improved camp design, and women's involvement in aid planning and distribution. UNFPA trains military and police to help prevent and respond to sexual violence and to better recognize, avoid and discourage exploitation. UNFPA also supports public information campaigns, and collects and shares data on prevalence and patterns of abuse for better targeting of assistance.

PROTECTION OF SURVIVORS

When sexual violence has occurred, the safety and well-being of the survivor must be the first priority. If medical care is required, it should be provided by health workers trained to deal sensitively and confidentially with the needs of survivors.

Cultural taboos and fear of reprisals may prevent victims of sexual violence from talking about it outside their own families, even to doctors and nurses. Laws and protocols ensuring the protection of survivors are an important step in encouraging survivors to come forward to receive the care they need. Training for health workers, police and judges is critical to help them respond sensitively and appropriately.



Survivors cannot receive the treatment and care they need if they are afraid to come forward and request assistance. UNFPA works with governments and local and international partners to establish medical infrastructure and outreach networks, bolster legal support, and build trust in the community that reliable services are available. Wherever possible, treatment and counselling services are integrated within multi-purpose centres housing a mix of unrelated activities – to help protect the anonymity of survivors.

MEDICAL TREATMENT

Medical treatment is critical for someone who has been sexually assaulted. Survivors need antibiotics to prevent infection and may require treatment for abrasions, tears, or traumatic fistula, a devastating but treatable injury that may occur as a result of sexual assault.

In addition to physical injury, women and girls who are raped may be at risk of unwanted pregnancy or sexually transmitted infection. If provided in time, emergency contraception can be administered to prevent an unwanted pregnancy, and post-exposure prophylaxis can prevent the transmission of HIV and other sexually transmitted infections.



UNFPA makes sure health care professionals are specially trained to provide medical treatment, and that they have the drugs, supplies and equipment they need to do so. Care for survivors includes documenting the history of the attack, a full medical examination, treatment for injuries and possible infection, emergency contraception or post-exposure prophylaxis where appropriate, and follow-up medical examinations.

COUNSELLING AND SUPPORT

Survivors of sexual violence commonly experience fear, guilt, shame, anxiety and depression – sometimes for months or years after the attack. Extreme reactions may include suicide and the abandonment of children born as a result of rape. Family members may also be traumatized.

Community support and counselling for survivors and their families are vital for recovery. Training on how to help victims of sexual violence can improve the sensitivity of health workers' response and help build confidence and trust among others in the community who may be reluctant to come forward.



Traditional community-based support mechanisms are the most effective in helping people to overcome trauma. UNFPA programmes work with local partners to establish culturally appropriate services that identify and train local counsellors, develop support groups, and create special drop-in centres where survivors can receive confidential care. In many post-conflict settings, UNFPA helps to facilitate rehabilitation of survivors through literacy and skills training, to help minimize their vulnerability to further abuse or exploitation.

EDITORIAL TEAM

Concept/Text: David Del Vecchio
Art Direction/Design: Mary Marqués
Image Research: David Del Vecchio, Duncan Morimoto-Brown
Image Retouching: Duncan Morimoto-Brown
Production Consultant: Jodie Goldberg



PHOTO CREDITS

Cover: © Stephen Morrison/Corbis, Democratic Republic of the Congo.
Divider 1: © Francesco Zizola/Magnum Photos, Afghanistan.
Life Can Change in an Instant: © Christophe Calais/Corbis, Iraq.
Women Provide Care: © Peter Turnley/Corbis, Turkey.
Women Need Care: © Viviane Moos/Corbis, India.
Divider 2: © Chris Steele-Perkins/Magnum Photos.
Making Aid Work for Women and Girls: © Ferdinando Scianna/Magnum Photos, Ethiopia.
Divider 3: © Antonin Kratochvil/VII.
Promoting Safe Motherhood: © Debra McClinton/Getty Images; © Viviane Moos/UNFPA; © Teun Voeten/UNFPA, Sierra Leone; © Rick Maiman/David and Lucile Packard Foundation; © Helene Caux/UNFPA.
Preventing HIV Infection: © Willemse Pieter/Corbis; © Lily Solmsen/UNFPA, Pakistan; © H. Anenden/UNFPA; © L. Gubb/UNFPA, Ethiopia; © Marie Dorigny/UNFPA.
Addressing Sexual Violence: © Ron Haviv/VII; © Peter Turnley/Corbis, Sudan; © Christophe Calais/Corbis, Democratic Republic of the Congo; © Liz Gilbert/David and Lucile Packard Foundation; © Marie Dorigny/UNFPA, Albania.
Credits: © James Nachtwey/VII, Sudan.

ISBN 0-89714-784-7
E/15,000/2006



United Nations Population Fund
220 East 42nd Street
New York, NY 10017 U.S.A.
www.unfpa.org/emergencies

