

UNFPA RESPONSE IN HUMANITARIAN SETTINGS: Restoring Dignity And Reproductive Health For Refugees In Rwanda, 2015.



BACKGROUND

As the flow of refugees continues from Burundi following the political crisis in April 2015, UNFPA in collaboration with partners has been coordinating a regional humanitarian response in six countries including Burundi, Rwanda, Tanzania, DRC, Uganda and Zambia. In Rwanda, Burundian refugees have been arriving since March 31, 2015 and as of February 15, 2016 their number has reached 72,479 refugees. This is in addition to 73,820 refugees from DRC.

In crisis situations, one in five women of childbearing age is likely to be pregnant. Women do not stop getting pregnant or giving birth when disaster strikes. The sudden loss of medical support puts women and their babies at risk. When crisis strikes, skilled birth attendance and emergency obstetric care become unavailable, thus, exacerbating the vulnerability of pregnant women, and causing maternal and infant mortality rates to rise. We also know that the physical and psychological stress of the emergency often causes complications such as premature labor in pregnant women and therefore access to sexual and reproductive health is a critical lifesaving intervention. Furthermore, there is increased risk of sexual violence during disasters and 20% of women who have been displaced have experienced gender-based violence and will need access to critical medical care.

Without access to reproductive health services, these women face an increased risk of life-threatening complications. Many women also lose access to family planning, exposing them to unwanted pregnancies in perilous conditions. Women and young people also become more vulnerable to sexual violence, exploitation and HIV infection, and the hygiene needs of women and girls are often neglected.

OUR WORK



When humanitarian emergencies occur, UNFPA works with partners to ensure that the specific needs of women are factored into the planning of all humanitarian assistance and therefore contribute to save the lives of women as well as newborns in emergency and disaster situations. UNFPA deploys hygiene supplies, safe motherhood and family planning supplies, trained personnel, and other support to vulnerable populations, and works to ensure the needs of women and young people are served through both an emergency and the reconstruction phase.

UNFPA Rwanda has been an active humanitarian partner and is involved in refugees' emergency response at different levels in the country. Since the beginning of 2015, UNFPA country Office has initiated and signed agreements with NGOs such as Africa Humanitarian Action (AHA) and American Refugees Committee (ARC) for implementation of Sexual and Reproductive Health activities including HIV prevention and SGBV activities in refugee camps throughout Rwanda. In addition to this UNFPA is a key player in the humanitarian coordination team at the national level, and also at the global level UNFPA is a leading member of the Inter Agency Standing Committee (IASC), co-facilitating the area of Gender Based Violence under the Global Protection Cluster.

As per its mandate, UNFPA Rwanda is providing financial and technical support in humanitarian settings to save the lives of women and girls with a special focus on sexual and reproductive health, prevention of and response to Gender-Based Violence. Beneficiary populations include Congolese refugees in the Southern province: Mugombwa and Kigeme camps and Burundian refugees in the Eastern province: Mahama camp and two reception centers; Bugesera in Eastern province and Nyanza in Southern province.

Specifically, UNFPA humanitarian response is geared towards; preventing maternal and new born morbidity and mortality, reducing HIV transmission, and preventing and managing sexual and gender based violence.

ACHIEVEMENTS IN THIS QUARTER

UNFPA in collaboration with other implementing partners and under the leadership of the Government of Rwanda, we have been able to register important achievements towards restoring dignity and RH for refugees, mainly:

- UNFPA has highly contributed to the safe delivery of hundreds of babies by refugee women in the various camps in the country, and reducing the incidence of maternal mortality through the equipment provided. Refugee women with complicated delivery cases are referred to the District hospital or nearest health centers that are also supported by UNFPA in terms of medical kits
- To ensure continuity of SRH services, there has been capacity development for over 40 health service providers and 110 community health workers to provide maternal and sexual reproductive health services including family planning, HIV prevention and SGBV in camps
- In addition to supplies of condoms, UNFPA has encouraged awareness through discussions on Adolescent Sexual and Reproductive Health targeting youth which also provides family planning sensitization for young women in the camp. The creation of Anti-SIDA clubs that distribute condoms and sensitization on HIV/AIDS and early pregnancies have greatly contributed to safety of adolescent girls and youths
- UNFPA capacitates the health facilities surrounding the various camps through donating crucial health equipment and materials. UNFPA has provided reproductive health kits to save lives of pregnant women and those having obstetrical complications referred to these health facilities from the camps, training on gender-based violence and provided family planning methods.

The RH kits are composed of: kits for Sexual Transmitted Infections (STIs), kit for Clinical Delivery Assistance - Reusable Equipment, Clinical Delivery Assistance kit - Drugs and Disposable Equipment, kit for Intra Uterine Devices (IUD), kit for Management of Miscarriage and Complications of Abortions, kit for Suture of Tears and Vaginal Examination, kit for Vacuum Extraction Delivery kit, Referral Level, Drugs and Disposable Equipment kit and Blood Transfusion kit.

- UNFPA continued procurement and distribution of life-saving equipment for maternal and SRH services, medicines and supplies needed for clinical delivery assistance and emergency obstetric care, in addition to RH and dignity kits to save women's lives in reproductive age.





Kankindi at the age of 40 gave birth to her 7th born. "I first heard of FP here in the camp and this will be my first time to use it. At this age with conditions in the camp, I don't want to have more children. I believed it was against religion but I and my husband will have to agree on this" Kankindi tells UNFPA staff

Photo: Kankindi Marie Gorette with new born baby in health center in refugee camp



"I am glad UNFPA has given me a dignity kit with basics that I couldn't get on my own. My baby and I are safe and warmly covered" says Kamaliza Anonciate a Burundian refugee in Mahama camp. Kamaliza gave birth on the day of UNFPA team visit early January, 2016. She was desperate of how she could get basics after giving birth and where she could deliver from as she fled from Burundi. Before she reached the camp, her husband died on a moto accident which increased her worry and pain.

- UNFPA in collaboration with the American Refugee Committee (ARC) conducted a MISPP training including family planning sessions, targeting 38 doctors, social workers, midwives and nurses representing service delivery points run by the Government of Rwanda, ARC and Save the Children. The training has contributed to improve the health status and well-being of the Burundian refugees as well as host population in Kirehe District through the provision of quality Sexual and Reproductive Health and family planning services.



Photo: Participants during MISPP Training

"I don't know what I would have used for my baby and myself without the dignity kit, thank you to UNFPA" Holding her new born baby in clothes donated by UNFPA, Mukagatara Leanatta expressed her appreciation for the dignity kits. Leanatta has two children and after giving birth, the midwife sensitized her on using PF which she is willing and promised to come back to the health center when she's given the appointment with the midwife.

Leanatta and her husband arrived in Mahama camp in November, 2015



Nduwayo Anita is expecting her baby in a month's time and is excited as it's her first pregnancy. She regularly comes for checkup and grateful for the help of Beatrice Mukambonumugenzi, a Midwife at the health center in Mahama refugee camp. Midwife Mukambonumugenzi is grateful for the support from UNFPA in terms of training, medical equipment and dignity kits that help their team to assist deliveries and other medical needs in the camp



Summary of Key figures in Mahama, Mugombwa and Kigeme refugee Camps

CAMPS	Affected Popn	Women of Reproductive Age	Pregnant women	Lactating women	Deliveries assisted by a skilled health worker	Women Accessing family planning services
Mahama	47,282	11,502	961	712	780	661
Mugombwa	8,4921,	698	228	624	298	36
Kigeme	18,828	3,766	66	70	591	819
Total	74,602	16,966	1,255	1,406	1669	1516

Current use of contraceptives in Mahama, Kigeme and Mugombwa camps

Period from Jan-15 to Jan-16	# of users of pills	# of users of injectable (Depo-Provera)	# of users of intra-Uterine device (IUD)	# of users of Jadelle	# of users of condoms		Total
					F	M	
Mahama camp	130	503	0	0	3240	10,368	14,241
Kigeme camp	97	618	1	91	0	259,544	260,351
Mugombwa camp	23	144	3	26	0	93,903	94,099
Gashora Reception Center	-	-	-	-	413	36,000	36,413
Nyanza Reception Center	-	-	-	-	214	8,064	8,278
Total	250	1265	4	117	3,867	407,879	413,382

N.B: The use of new contraceptive methods have been initiated on 11 August 2015 and officially launched on 26 September 2015 in Mahama camp.



"I'm glad that Family Planning services are given to us free of charge in this camp. No more risks of unwanted pregnancies with this hard life in the camp" says Safi Florence, a Congolese refugee. Safi, a mother of 2 children appreciates the dignity kits she received after giving birth in Mugombwa camp

- Supporting the treatment of rape cases through strengthening the referral system to the district hospital and One Stop Center. UNFPA also participates in SGBV assessments and community sensitization and training

CHALLENGES AND NEEDS

- The need of maternal and reproductive health in Mahama refugee camp has been increasing with the high number of Burundian refugees still flowing in Rwanda. The current total number as of January 28, was 45,644 and women of reproductive age is 11,502. SRH services including family planning and dignity kits need greater funding.
- The length of stay of Congolese refugees in Mugombwa and Kigeme camps also creating the maternal and sexual reproductive health needs have also been increasing. Addressing the above issues calls for greater funding to SRH beyond the available resources.
- Even after this long period of around four years, there are no adolescents and youth friendly corners where sexual and reproductive health services can be accessed by adolescents in Mugobwa and Kigeme camps. In such cases, Adolescent girls are disproportionately affected by the lack of RH information and services as they fall victims to sexual violence and unintended pregnancies. These facilities need to be initiated as soon as possible and at the same time strengthen the existing services.
- The refugees have insufficient awareness on SGBV prevention and reporting due to cultural norms, and thus the need for increased investment to SGBV sensitization and prevention
- The challenges of limited FP commodities still remain a huge challenge to address without additional funding. The advantages of investing in the health of women and girls are usually neglected at times of emergency in spite of the critical importance of this investment, which is also a basic human right
- Nyanza and Bugesera reception centers are considered as transit to Mahama camp where by there no FP services provided. There's need to establish FP services in the health centres for continuity for those who were using FP before fleeing their country and prevent pregnancies within the camp. Sometimes the refugees stay longer period than the expected and get pregnant as there are no FP services.