

Fact Sheet: Reaching the furthest behind

Advancing sexual and reproductive health and rights in Kigoma



Women and girls face extraordinary hardships in humanitarian settings; they endure grave risks and many are thrust into poverty. But they can also face another, more intimate, hardship – the effects of displacement on their sexual and reproductive health and rights (SRHR). In humanitarian settings and other crisis contexts, women and girls are disproportionately affected by limited access to essential services, including sexual and reproductive health (SRH) services.

UNFPA, as part of UN interagency efforts, works in collaboration with local and international NGOs to support

the Government of the United Republic of Tanzania to respond to the humanitarian needs of 292,646¹ refugees, primarily from Burundi and the Democratic Republic of Congo, hosted in three refugee camps in Kigoma Region, Tanzania. An important part of UNFPA's humanitarian response is to provide regular and quality SRH care, including quality maternal and child health services, to displaced and local communities in Kigoma. Though focused on women's and girl's SRH needs, services also extend to men and boys.

Leaving no one behind: Providing reproductive healthcare in refugee camps

The provision of and access to consistent, reliable, and effective SRH services, which save lives and promote resilience in humanitarian contexts, is critical. Contributing to Tanzania's long-term humanitarian response, UNFPA delivers and supports training on the Minimum Initial Service Package for the provision of emergency SRH services, including for safe deliveries, and in support of this distributed 248 Emergency Reproductive Health Kits to all three camps as well as to host communities in 2018. The kits contain the life-saving equipment and supplies needed to ensure the basic SRH needs of women and girls.

Midwives on the edge: Essential maternal and newborn care in refugee camps

Midwives are among the health professionals who provide care at an early stage during a humanitarian crisis and stay on in the long term to prevent maternal and newborn morbidities and mortalities. Women and children become significantly more at risk of various reproductive health morbidities in low resource settings, including in humanitarian settings. UNFPA is funding the deployment of 15 nurse midwives to Nyarugusu Camp to improve the quality and coverage of emergency obstetric and newborn care (EmONC) services for the 6,000 women who give birth every year.

¹ Camp-based population. UNHCR - Tanzania Refugee Situation Statistical Report as of 31 August 2018.



A new mother leaves hospital with her UNFPA Dignity Kit

With UNFPA's support the International Rescue Committee (IRC) has conducted refresher trainings on basic emergency obstetric and newborn care (BEmONC) for 20 midwives and clinicians from Nyarugusu and Mtendeli Camps to build their skills to effectively manage pregnancy-related complications and to improve maternal and child health care. In 2018 there were 10,387 safe deliveries in the three camps, and 97 per cent of all deliveries were attended by a skilled birth attendant at a healthcare facility. Three hundred and fifty-seven women with obstetric complications were timely referred to health facilities that provide comprehensive emergency obstetric and newborn care (CEmONC) services in Nyarugusu and Mtendeli Camps as well as to nearby district hospitals.

UNFPA has also procured life-saving obstetric equipment for a new operating theatre at the main Nyarugusu health facility, after the existing theatre was damaged beyond repair. The new facility will ensure obstetric emergencies can be treated without delays in referral to other facilities.

Redefining the role of traditional birth attendants

The World Health Organization recognizes the important role traditional birth attendants (TBAs) can play in supporting the health of women and newborns to improve outcomes during pregnancy and childbirth.² In Tanzania, UNFPA provided technical assistance to professional midwives to organize sessions for 200 TBAs, as respected and influential members of their communities, to redefine TBA's role as referral facilitators/intermediaries between communities and the healthcare system in Nyarugusu Camp. Sessions with TBAs cover the common causes of maternal deaths, the risks of home-based deliveries, and their role in facilitating referrals to maternity wards and escorting pregnant women to healthcare facilities.

Jane Habirimana was one of the TBAs who attended the training. She now works relentlessly to encourage displaced women in Nyarugusu Camp to attend antenatal clinics and to deliver their child at health centres in the camp. From being the person who offered up her home as a clinic she now escorts women to health facilities where they can give birth in a safe environment.

UNFPA-supported midwives report an increase in the number of women giving birth at health facilities in the camp and say that this, in part, can be attributed to the new role assumed by TBAs.

Localizing UNFPA's Dignity Kit to the needs of refugee women in Tanzania

In humanitarian settings, women and girls are at increased levels of vulnerability as a result of high stress levels in communities, a lack of privacy and a breakdown in social protection mechanisms. Some may have fled their homes with few, if any, belongings. In 2018, UNFPA distributed 10,387 Dignity Kits to all new mothers on their discharge from maternity wards, to promote healthy and hygienic postnatal care. The kits, adapted to the cultural practices and preferences of refugee women and adolescent girls in Tanzania, include kangas, soap, underwear, and sanitary pads to help women and girls manage their basic and menstrual hygiene. Maintaining basic hygiene helps women and girls retain their dignity in humanitarian settings

² WHO recommendation on partnership with Traditional Birth Attendants (TBAs). Available at: <https://extranet.who.int/rhl/topics/improving-health-system-performance/who-recommendation-partnership-traditional-birth-attendants-tbas>.



Access to voluntary family planning saves lives in humanitarian settings

UNFPA's commitment to provide contraceptives, including long-acting reversible contraceptives, in humanitarian settings is essential to prevent unintended pregnancy and unsafe abortions. In times of crisis women do not stop becoming pregnant or giving birth. Family planning commodities distributed in camps help empower vulnerable women and girls and gives them control over their reproductive health enabling them to exercise their right to choose when to have a child.

In 2018, UNFPA supplied 6,308 injectable contraceptives, 1,844 cycles of oral contraceptive pills, 140 intrauterine devices, and 1,676 contraceptive implants to the three refugee camps increasing the contraceptive prevalence rate from 17 per cent to 29 per cent. These commodities averted an estimated 2,121 unintended pregnancies; avoided five maternal deaths; and prevented 476 unsafe abortions in the camp.

Displacement heightens the risks of gender-based violence

All of UNFPA's SRH programmes for displaced people in Tanzania's refugee camps integrate GBV prevention and response services. The cramped conditions in which families live, with little or no privacy, combined with the frustrations and powerlessness that many displaced males feel are often manifested in an increase in GBV in humanitarian settings.

UNFPA, in collaboration with the IRC, has established six tents in the camps that function as safe spaces and "One Stop Centres" for women and girls who are or have been subjected to violence. The safe spaces, or One Stop Centres, offer psychosocial support as well as medical services and there has been a noticeable increase in the referrals of GBV survivors. With support from UNFPA, the Tanzania Red Cross Society (TRCS) and the IRC treated

335 GBV survivors in 2018, 69 per cent of whom received care within the critical first 72 hours.

UNFPA also supports capacity building on the Clinical Management of Rape Survivors to increase the pool of healthcare providers competent in handling GBV cases, leading to the provision of more timely response services for GBV survivors at One Stop Centres.

2018 in figures



102,241
women, girls, men and boys
reached with SRH services.



2,121
unintended pregnancies and an estimated
476 abortions averted.



97 per cent
of pregnant women gave birth in a health
facility under the supervision of skilled
healthcare professionals.



10,387
Dignity Kits distributed to
vulnerable women and girls.



248
Emergency Reproductive Health Kits
distributed in all three refugee camps.

Hofne Chrisostom Yohana, a UNFPA-funded nurse midwife in Nyarugusu Camp, works hard to make pregnancy and motherhood safer



Success story from the field

Working hard to ensure safe births in Tanzania's refugee camps

Reproductive and maternal health has traditionally been considered a woman's issue. But men too have an important role to play. Abdul Nyamguma and Hofne Chrisostom Yohana are two of the 15 UNFPA-funded nurse midwives working hard to make pregnancy and childbirth safer in Tanzania's Nyarugusu Camp.

Making motherhood safer

There are over 6,000 births a year in Nyarugusu Camp, and demand for maternal health services is high. On a typical day in the delivery ward Hofne admits patients for delivery, taking note of their antenatal care visits, vital statistics, and any complications. He monitors and cares for women in labour, manages their delivery and reassures them at every stage. Once the baby is born he/she is dried, the airways are cleaned, and the baby is placed on the mother's abdomen for skin-to-skin contact. If the baby doesn't cry Hofne stimulates him or her. Within a minute the umbilical cord is cut and the mother is administered oxytocin injections to manage the third stage of labour – delivering the placenta.

Hofne actively manages the third stage of labour to reduce the risk of postpartum haemorrhage (PPH) and is well trained for any complications that may occur – he constantly monitors patients for symptoms of eclampsia or PPH. In the case of an emergency he talks to the patient and discusses the next steps, and theatre is quickly prepared if needed. Systems in place for obstetric complications at the camp are working well and saving lives.

Hofne remembers the first time he witnessed a patient die of PPH. "Seeing her die because of PPH, a manageable condition, gave me a lot of pain", he says. It serves as a reminder of how important it is to have trained midwives, quality emergency obstetric and newborn care facilities, effective referral systems, and voluntary family planning services in place, especially in humanitarian settings.

Comprehensive care for mothers and newborns

Abdul delivers postnatal care. Every day he begins by compiling a report on patients being discharged and any issues that need to be monitored or followed up. Postnatal care includes taking the baby's weight, and a comprehensive check-up for mothers and babies to identify any issues. Complicated cases are referred to doctors or other services. Women make three postnatal visits to the health centre after birth: on day 7, day 28, and day 42 when the baby starts their immunization schedule. Health education sessions are also held for women at the facility. This is organized by topic depending on the day. Some days the topic is voluntary family planning, on others it is nutrition and baby care. At the end of each day, Abdul cleans used instruments and tools, ensuring everything is sterile, and is ready for another day.

Abdul and Hofne are both dedicated to their work, which is saving lives and enabling women and girls to exercise their sexual and reproductive health and rights in Nyarugusu Camp – deciding whether, when and how many children they would like to have – and ensuring those giving birth can do so safely.