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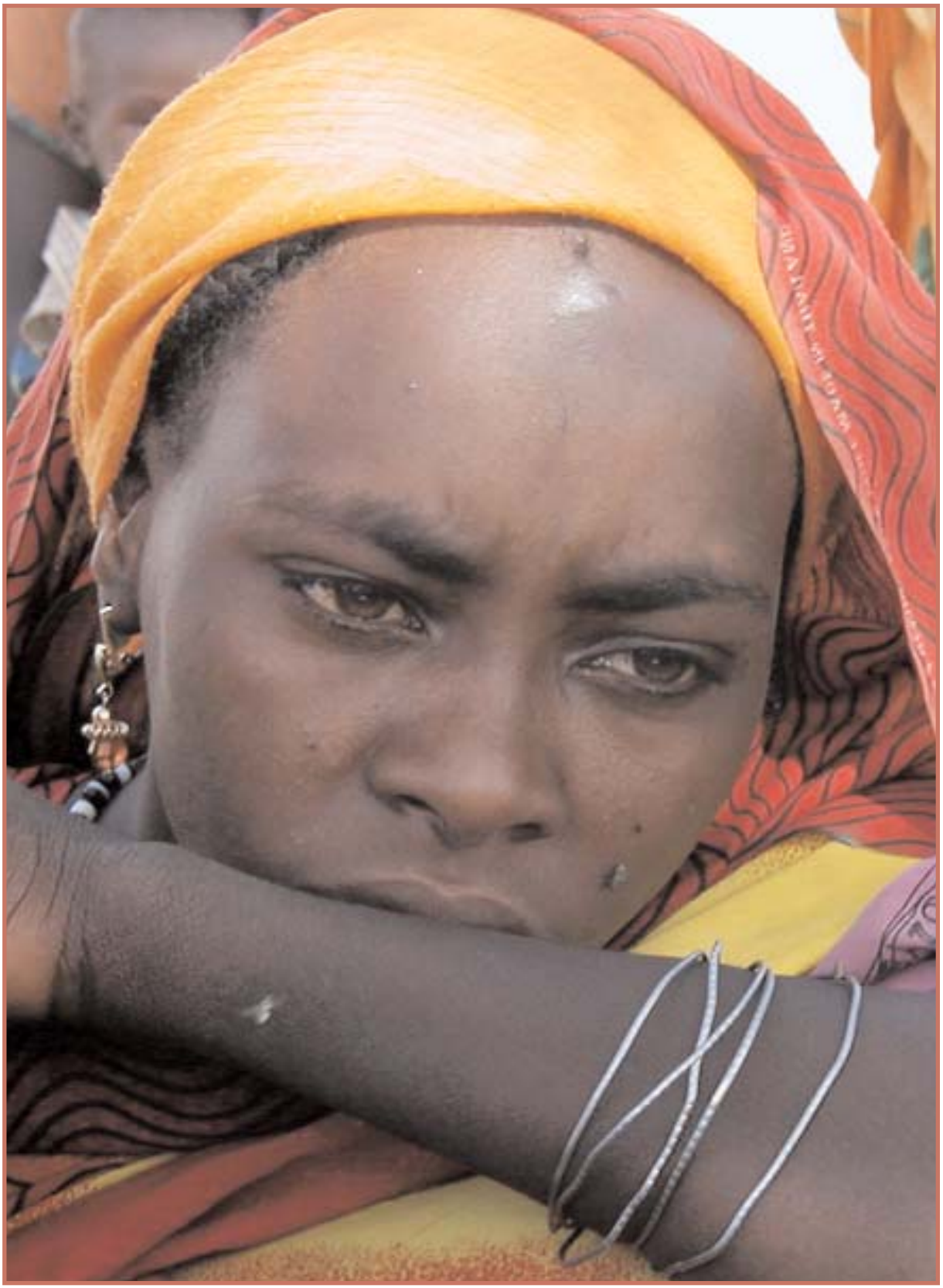




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# Progress, Gaps and Challenges Ahead

## An Interagency global evaluation of reproductive health for refugees and internally displaced persons



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PRIOR TO THE MID-1990S very little was done to address the critical reproductive health (RH) needs of refugees and internally displaced persons (IDPs). Findings from the Women's Commission for Refugee Women and Children's seminal report, Refugee Women and Reproductive Health Care: Reassessing Priorities, published in 1994, supported advocacy at the International Conference on Population and Development (ICPD) in Cairo, Egypt, where the rights of refugee and IDPs to RH were specifically recognized in the Programme of Action.

Every year, millions of people around the world flee their homes to escape conflict and violence

In 1995, UNHCR, UNFPA, WHO and more than 50 United Nations, governmental and nongovernmental organizations (NGOs) met at a symposium, following which 30 of the groups formed the Inter-Agency Working Group (IAWG) on Reproductive Health in Refugee Situations. The IAWG developed the Reproductive Health in Refugee Situations: An Inter-agency Field Manual for people assisting refugees, outlined the minimum services that must be provided in all disaster settings, designed kits for rapid deployment to aid workers and recognized the need for continued advocacy, funding and technical assistance for RH programs in refugee situations.

Now, 10 years after Cairo, the IAWG has completed an unprecedented global evaluation of reproductive health in conflict settings worldwide covering the issues at the field, agency and global levels. Its purpose was to determine when and where RH services are provided and to identify gaps and constraints so that UN agencies, governments and NGOs can better target resources and interventions.

### OUTCOMES

#### Global and Agency Levels

Since 1995 significant progress has been made in raising awareness and advancing reproductive health for conflict-affected populations in all areas of RH programming and technical support. Collaboration and exchange among organizations involved in reproductive health for refugees (RHR) have increased, due in large part to the vital roles played by the IAWG and the Reproductive Health Response in Conflict (RHRC) Consortium, as well as other key groups.

However, the gains achieved in RHR are threatened by a difficult political and economic climate. The evaluation's findings show that funding has declined since 2000 due to weakening support for RH programs in general and the continuing perception at some levels that RH is not an essential part of an emergency response.

Key recommendations: Encourage new partnerships between relief and development organizations to expand understanding and support for RHR and facilitate transition from emergency response to longer-term development assistance; actively engage academic centers and institutes; revitalize IAWG operations and advocacy strategies.

### Field Level

Evaluation findings show that RH services in stable refugee settings have increased, are generally well established, and are consistent with those outlined in the Interagency Field Manual. However, some areas, such as gender-based violence (GBV) and HIV/AIDS services, are weaker and critical gaps remain within safe motherhood, family planning and sexually transmitted infections (STIs) programs.

Furthermore, specific programming to ensure youth-friendly services and male involvement is needed. In contrast, RH services for IDPs are severely lacking and in need of urgent attention. Moreover, little is known about the RH of populations in acute complex emergencies where information is particularly difficult to collect.

### I. Minimum Initial Service Package (MISP)

The Minimum Initial Service Package (MISP), a set of priority RH activities established for the acute phase of an emergency, aims to prevent and manage the consequences of sexual violence; reduce HIV transmission; and prevent excess neonatal and maternal morbidity and mortality. While the

MISP is gaining ground, evidence shows that more attention is needed to make this standard of care available in the earliest days of an emergency. Supplies to support the MISP activities, available in standardized kits, are increasingly used in emergency settings, although in-country storage and distribution of the kits are an ongoing challenge.

Opposite page: A refugee woman who has fled the violence in Darfur waiting in a refugee camp in Chad.
Top: A young girl from Darfur collecting wood outside of a refugee camp in Chad on the Sudan border.
Below: A Burmese refugee woman and her baby visiting a maternal and child health clinic on the Thailand-Burma border.

Photos courtesy of The Women's Commission

Continued on page 18

However, findings from an assessment of the MISP conducted in April 2004 during the Sudanese refugee crisis in Chad indicated that most humanitarian actors were not familiar with, nor implementing, the MISP activities.

Key recommendations: Increase awareness and understanding about the MISP among humanitarian actors, UN agencies and donors; improve health coordination and appoint an RH coordinator early in every emergency; allocate funds to support implementation of the MISP in the early days and weeks of emergencies.

### II. SAFE MOTHERHOOD

Complications of pregnancy and childbirth are the leading cause of death and disability among women of reproductive age in developing countries. Obstetric complications are exacerbated in emergency settings by the trauma of flight and the conditions of exile.

The evaluation findings show that while safe motherhood services are good overall in most stable refugee sites, not all elements of antenatal care are consistently available. The major gap in assuring safe motherhood is inadequate attention to emergency obstetric care, which must be strengthened and made accessible to all women suffering from complications in pregnancy and childbirth.

Key recommendations: Ensure all elements of antenatal care are available; improve standing health facilities and emergency referral systems by ensuring the availability of qualified staff, essential drugs and equipment for emergency obstetric care; develop creative strategies to ensure communication and transportation 24 hours per day, seven days per week.

### III. GENDER-BASED VIOLENCE

GBV remains the least developed aspect of RH programming.

Evaluation findings show that sexual exploitation, domestic violence and rape are widespread, particularly affecting women and girls. Rape survivors are not routinely receiving medical attention and there is limited programming to address the other forms of GBV.

Key recommendations: Increase general awareness of GBV in emergency situations; ensure established protocols for the medical management of rape survivors are implemented; strengthen multi-sectoral programming to prevent and respond to GBV.

Young Burmese refugees living in a camp on the Thailand-Burma border

Photo courtesy of The Women's Commission

### IV. STIs/HIV/AIDS

During civil strife and flight, displaced persons, especially women and girls, are at increased risk of contracting STIs due to a variety of factors, including the disruption of social norms governing social behavior, gender inequity, poverty, noncompliance with universal precautions and lack of condoms.

The evaluation findings also indicate problems with the quality of care provided by health workers to manage STIs in some settings. Sexual violence and proximity to peacekeeping forces, military and police may also facilitate the spread of STIs, including HIV. Finally, the mixing of populations with high and low HIV prevalence may result in an overall increase in HIV in the region.

Key recommendations: Ensure a continuous supply of essential drugs for treating STIs; increase staff capacity to diagnose and treat STIs using the syndromic approach; expand HIV/AIDS programming to include behavior change communication strategies, voluntary counseling and testing and prevention of mother-to-child transmission.

### V. FAMILY PLANNING

Family planning programs have become much more widely available for refugees over the last decade. However, evaluation findings show significant gaps in the availability of contraceptive methods as well as in the skills and abilities of service providers. Cultural resistance may also contribute to a low demand for services.

Key recommendations: Improve the quality of family planning services; increase community awareness about the benefits of family planning.

### VI. ADOLESCENTS

Uprooted adolescents are especially vulnerable to sexual violence and exploitation. They are typically underserved by health programs and often face multiple barriers to accessing services and information. Young people also face an increased risk of contracting STIs, including HIV/AIDS. In addition, girls suffer from unwanted pregnancies and complications from unsafe abortions. Key recommendations: Involve youth in the design, implementation and evaluation of multi-sectoral programs that support their protection needs; establish youth-friendly reproductive health services.

### VII. HEALTH INFORMATION SYSTEMS

The study found that while RH data were collected in most settings, in some cases the wrong information was collected or existing data were misinterpreted. Key recommendation: Improve data collection and use by establishing simple systems that provide useful information based on guidelines outlined in the Interagency Field Manual.

## CONCLUSION

Although more remains to be done, RH for conflict-affected populations has made great strides in the past decade. However, these significant gains are threatened by the current difficult political and economic climate. Policy makers, donors, managers and implementers are called upon to strengthen their response to RH in conflict-affected settings, particularly among IDPs, to respond to these challenges. Renewed leadership at all organizational levels must address the demand for sufficient human and financial resources to prevent and respond to HIV/AIDS and GBV, while improving emergency obstetric care, family planning and programs that specifically serve youth and encourage male involvement. Priority RH activities must be implemented in the early days and weeks of an emergency to save lives and to provide the foundation for comprehensive RH care once the situation stabilizes. Additional challenges include improving the collection and appropriate use of data, nurturing the growth of inter-agency collaboration and developing an advocacy strategy aimed at ensuring that RH for refugees and IDPs remains securely on the agendas of donors, governments and relevant international organizations. Collectively, these challenges will provide direction for the future work of IAWG.

*Full report available Dec. 2004. Please e-mail yustina@unhcr.ch for copies or questions.*