

Strengthening Sexual and Reproductive Health in Emergency and Crisis Situations

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Refugees' right to RH



“All migrants, refugees, asylum seekers and displaced persons should receive basic education and health services”

**Chapter 10, ICPD
Programme of Action, 1994**

How emergencies affect Reproductive Health?



- ~80% women & children
- Responsible for all aspects of household
- Risk of Gender-based Violence (GBV)
- Pregnancy Complications-
 - Road side deliveries
 - EmONC services ???
- Inadequate access to FP- unwanted pregnancy and unsafe abortion
- STI/HIV risks due to high population density

What happens in Reality??

Significant gaps identified by WHO and Health Partners

“We focus on food, water and shelter and then six months later you hear about all the rapes.”

-Field staff in Chad





23 10 2005

The Plan Components

1. Build a strong database of standardize technical knowledge and guidance materials
2. Knowledge gateway for sharing and promoting existing materials and tools
3. Capacity building for improved SRH expertise
4. Updated RH roster for immediate operational deployment of RH experts
5. Advocacy and Promotion - SRH integration
6. Monitoring and Evaluation Strategies for the Project

WHO Provides Leadership and Guidance

Guidelines for Gender-based Violence Interventions in Humanitarian Settings

Focusing on Prevention of and Response to
Sexual Violence in Emergencies



WORLD HEALTH ORGANIZATION

GUIDELINES FOR THE MANAGEMENT OF SEXUALLY TRANSMITTED INFECTIONS

Reproductive Health Kits

UNFPA
United Nations Population Fund

GUIDELINES For HIV/AIDS Interventions in emergency settings

Sexually Transmitted and Other Reproductive Tract Infections

A guide to essential practice

Integrating STI/RTI Care for Reproductive Health

World Health Organization
Reproductive Health and Research

Clinical Management of Rape Survivors

Developing protocols for use with refugees
and internally displaced persons

Revised edition

REPRODUCTIVE HEALTH during CONFLICT and DISPLACEMENT

A guide for programme managers

WHO Department of Reproductive Health and Research
World Health Organization, Geneva

refugees and aids

What should
humanitarian
communities

Safe Abortion: Technical and Policy Guidance for Health Systems

More resources

Moving from **Emergency Response** to **Comprehensive Reproductive Health Programs**

A Modular Training Series



DRAFT FOR FIELD TEST

Produced by CARE on behalf of the

Reproductive Health for Refugees Consortium



Minimum Initial Service Package (MISP) for Reproductive Health in Crisis Situations:

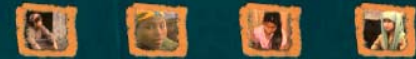


A Distance Learning Module



Emergency Contraception

for Conflict-Affected Settings



A Reproductive Health Response in Conflict Consortium
Distance Learning Module



RHRC
Consortium

Field-friendly Guide to Integrate

Emergency Obstetric Care

in Humanitarian Programs



Women's Commission for Refugee Women and Children
on behalf of the Reproductive Health Response in Conflict Consortium
July 2005

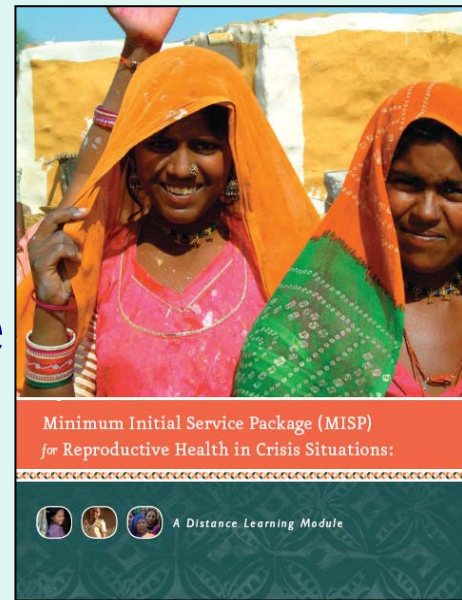
What is the MISP?

Minimum • Basic, limited RH care

Initial • For use in emergency,
without needs assessment

Service • Health Care Services to be
delivered to the population

Package • Supplies (RH kit) &
activities
• Coordination & planning



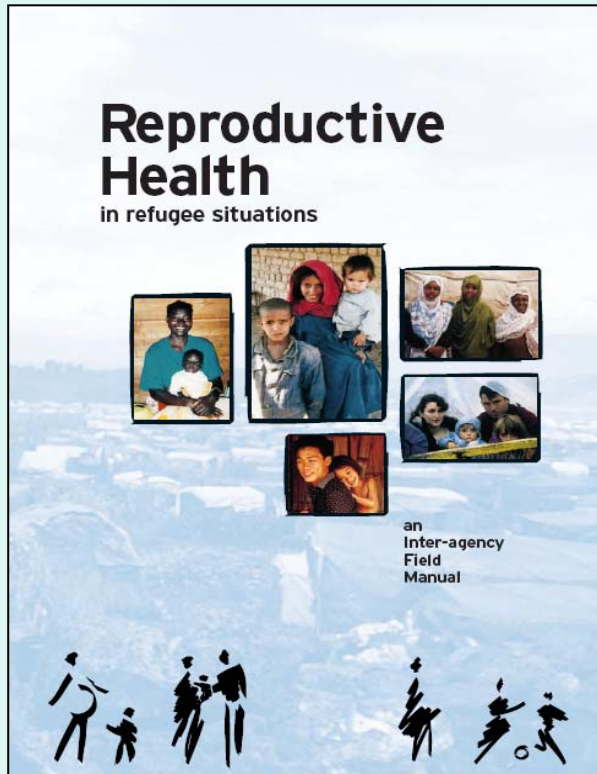
Objectives of MISRP

- Ensure coordinated response
- Prevent and manage GBV
- Reduce HIV transmission
- Safe motherhood
- Plan comprehensive RH services

IAWG Field Manual

➤ The MISP

➤ Comprehensive RH



Safe Motherhood



Family Planning



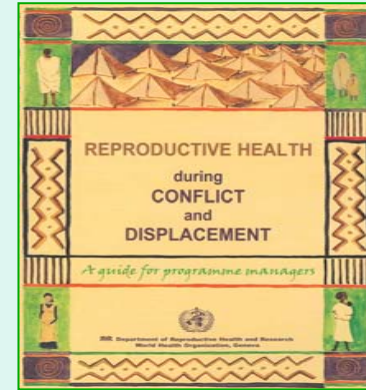
Gender-based Violence



STI/HIV/AIDS

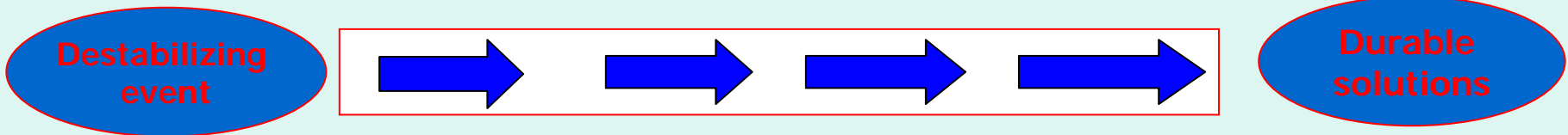
Guide for programme managers

Tool defining how to develop practical RH approaches in each phase of an emergency



Emergency

Post-emergency



MISP

Provision of comprehensive RH services

Exodus of population

Loss of essential services

Restoration of essential services

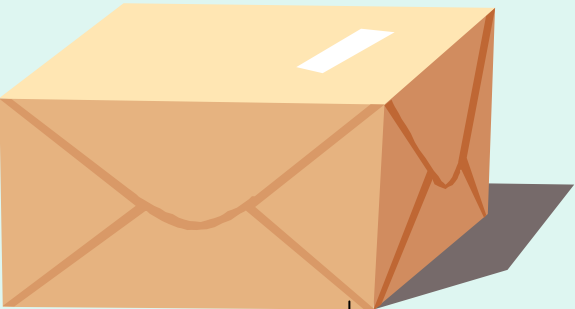
Relative stability

Return to normality



RH Supplies for Emergency Situations

IEHK (NEHK98), IA-RH Kits







RH Kit for Emergency Situations (3 months)

6  , 10 000 

Sub kits

- 0 Training, administration
- 1 Condoms
- 2 Clean delivery
 - 2A mother
 - 2B birth attendant
- 3 Rape treatment
 - 3A basic treatment
 - 3B ARVs, (30 adults, 8 children)
- 4 OP and injectable contraceptives
- 5 STI treatment

5  , 30 000 

Sub kits

- 6 Clinical delivery assistance
- 7 IUD insertion
- 8 Management of abortion complications
- 9 Vaginal examination, suture of tears
- 10 Vacuum extraction delivery

2  , 150 000 

Sub kits

- 11 Referral level interventions
 - 11A reusable equipment
 - 11B consumable items, drugs
- 12 blood transfusion

Population data on which the RH Kit is based

- Adult males 20%
- Women of reproductive age (WRA) 25%
- Crude birth rate (CBR) 4%
- Pregnancies with abortion complications 20%
- Deliveries with vaginal tears 20%
- Deliveries requiring caesarean section 5%
- WRA who are raped 2%
- WRA using contraception 15%
 - oral 30%
 - injectable 65%
 - IUD 5%

MISP sub-kits -Block 1

Block 1: Community and PHC level	
Kit 0	Training and administration
Kit 1	Condom
Kit 2	Clean home delivery
Kit 3	Post rape
Kit 4	Oral and injectable Contraception
Kit 5	STI

MISP sub-kits -Block 2

Block 2: PHC and referral hospital level	
Kit 6	Delivery (health facility)
Kit 7	IUD
Kit 8	Management abortion complications
Kit 9	Suture of tears (cervical/vaginal)
Kit 10	Vacuum extraction for delivery

MISP sub-kits - Block 3

Block 3: Referral hospital level

Kit 11

**Referral level for RH (surgical
obstetrics)**

Kit 12

Blood transfusion

IEHK

- Supplies for 10,000 people for 3 months
- Includes some RH Supplies
 - Basic midwifery equipment
 - Magnesium sulphate
 - Oxytocin
 - Post-rape: EC, presumptive STI Rx, PEP
- Recommends and outlines RH Kits

Why are refugees at risk of an unwanted pregnancy?

- May not want to have a baby during a crisis
- Disruption in contraceptive and other health services
- Lack of security
- High risk of sexual violence

1 in 20 of these acts will result in an unwanted pregnancy that may lead to an unsafe abortion

Essential components of medical care for Rape Survivors



Clinical Management
of Rape Survivors

Developing protocols for use with refugees
and internally displaced persons

Revised edition

- Documentation of injuries
- Collection of forensic evidence
- Treatment of injuries
- Evaluation of STIs and preventive care
- Evaluation of risk of pregnancy and prevention
- Psychosocial support

Increased HIV risk in refugees

- **Sexual transmission**
 - Breakdown of social fabric
 - Exchange of sex for basic needs
 - Sexual violence
- **Blood transmission**
 - Repeat use of medical devices
 - Unscreened blood products
 - Injected drugs

RH and related Partnerships

- Inter-Agency Standing Committee – IASC (1992)
 - ✓ Guidelines for HIV/AIDS in Emergencies
 - ✓ Guidelines for GBV in Emergencies
- Inter-Agency Working Group for RH in Emergencies – (IWAG- 1995)
- Reproductive Health Response in Conflict Consortium (RHRC)
 - ✓ 7 members
 - ✓ Technical advice, service provision
 - ✓ Resources and training (MISP self-training CD)

IAWG Academic Partnership - Training

Use existing resources

- Develop Modular training programme for different levels of coordinators/providers
- Develop capacity within countries and established organizations working in country
- Develop regional capacity to train and initiate rapid response and mobilization of trained personal

Recommendations

- Increase MISP awareness
- Identify RH coordination
- Integrate into PHC
- Address GBV immediately
- Address HIV transmission
- Ensure safe delivery
- Plan for comprehensive RH



RH Conclusion

- RH concerns everyone
- RH needs to be coordinated
- RH is not a luxury or second phase option
- Systems and frameworks are in place to facilitate services

THANK YOU

