



Improving Access to Reproductive Health in Fragile States

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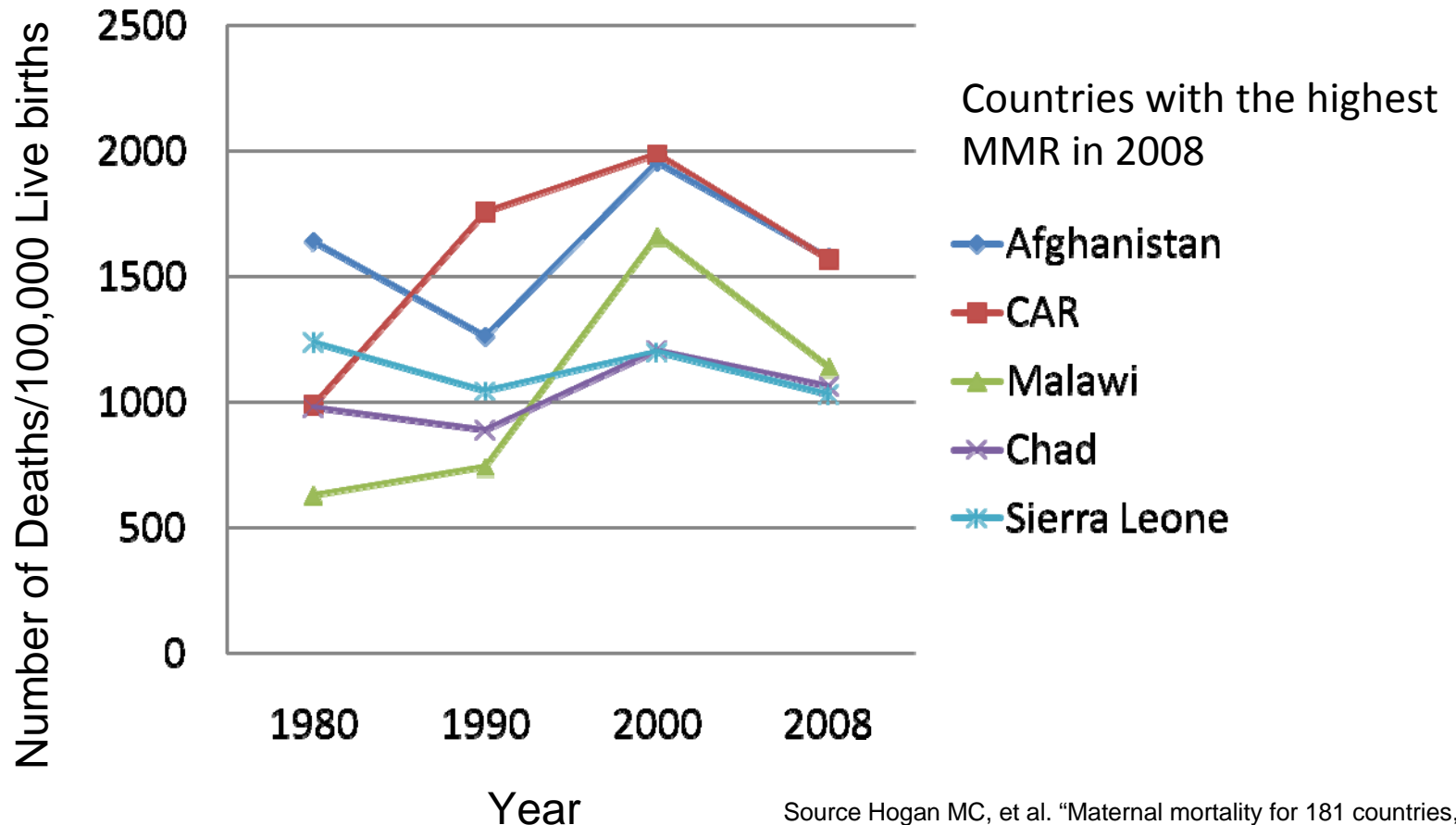
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April 29, 2010

Research. Rethink. Resolve.

Why is Reproductive Health Important in Fragile States?



Source Hogan MC, et al. "Maternal mortality for 181 countries, 1980-2008: a systematic analysis of progress towards Millennium Development Goal 5." *Lancet*. 10.1016/S0140-6736(10)60518-1.





Conflicts

Women's Refugee Commission, 2008

Natural Disasters



Forced Displacement



What are the risks in emergency settings?

- At the onset of a crisis, pregnant women may deliver on the roadside or in makeshift shelters.
- People fleeing homes may have forgotten or left behind birth control methods.
- Women may wish to postpone childbearing in the context of an emergency.
- Adolescents may be at risk of unsafe sexual practices.
- Women and girls are especially vulnerable to sexual violence and its consequences.



How is the health infrastructure?

- Services are unavailable or difficult to access.
- Health systems are weakened or destroyed.
- Health care workers are in short supply.
- Logistics systems are barely functioning.



average long-term refugee situation lasts
years



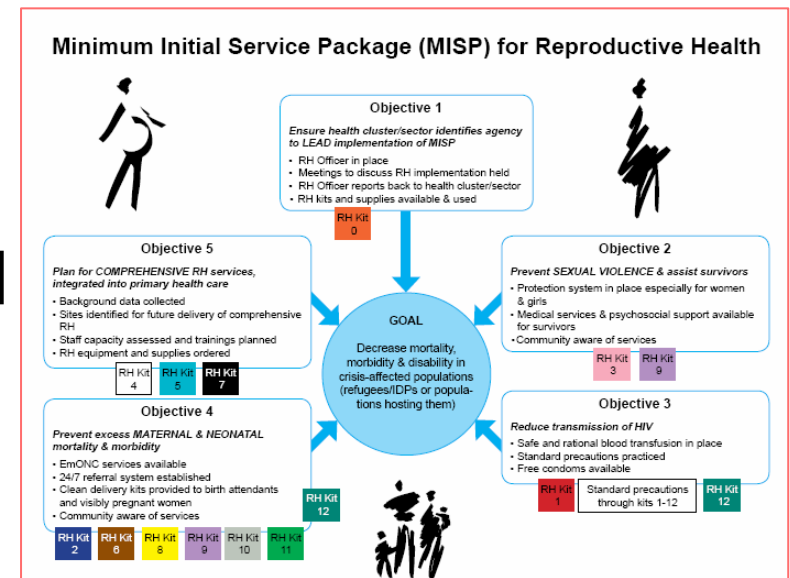
What does the policy and funding environment look like?

- The right to reproductive health for refugees/IDPs is recognized at the 1994 International Conference on Population and Development.
- Standards and Guidelines:
 - *Reproductive Health in Humanitarian Settings: An Inter-agency Field Manual* (Revised 2010)
 - *Health Cluster Guide* (2009)
 - *Sphere Standards* (2004)



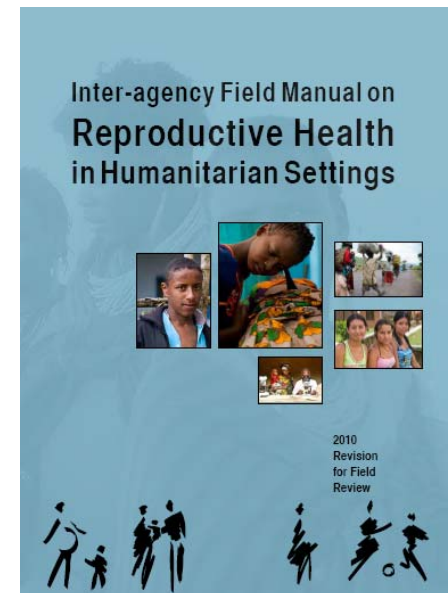
Minimum Initial Service Package (MISP) for reproductive health

- Ensure health cluster/sector identifies agency to lead implementation of the MISP
- Prevent and manage the consequences of sexual violence
- Reduce HIV transmission
- Prevent excess maternal and newborn morbidity and mortality
- Plan for comprehensive reproductive health



Comprehensive reproductive health

- Comprehensive services for:
 - Maternal and newborn health
 - Family planning
 - Sexually transmitted infections, including HIV/AIDS
 - Gender-based violence
 - Safe abortion care
 - Adolescent reproductive health



Have policies followed?

2009 RAISE Initiative policy study found:

- 146 policies on comprehensive reproductive health in crises among 14 governments, 3 EU institutions, 9 UN agencies and 19 foundations.

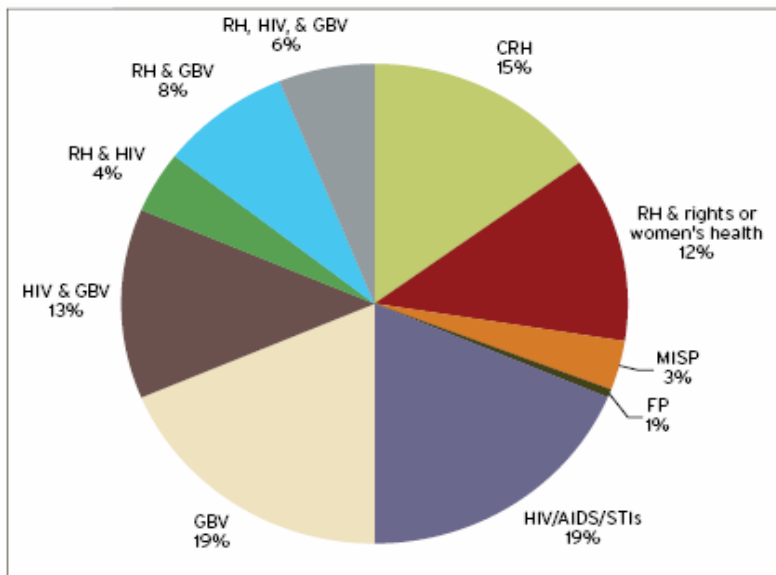


Figure 1 Number of policies identified, by topic

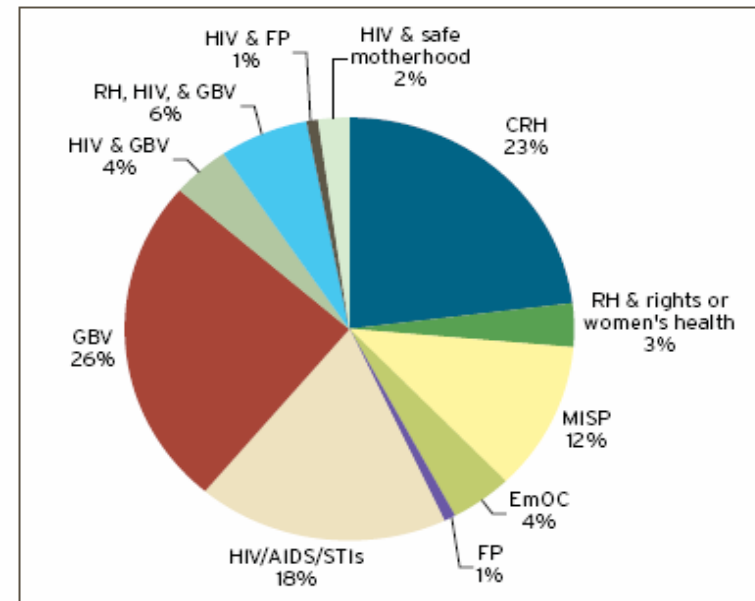


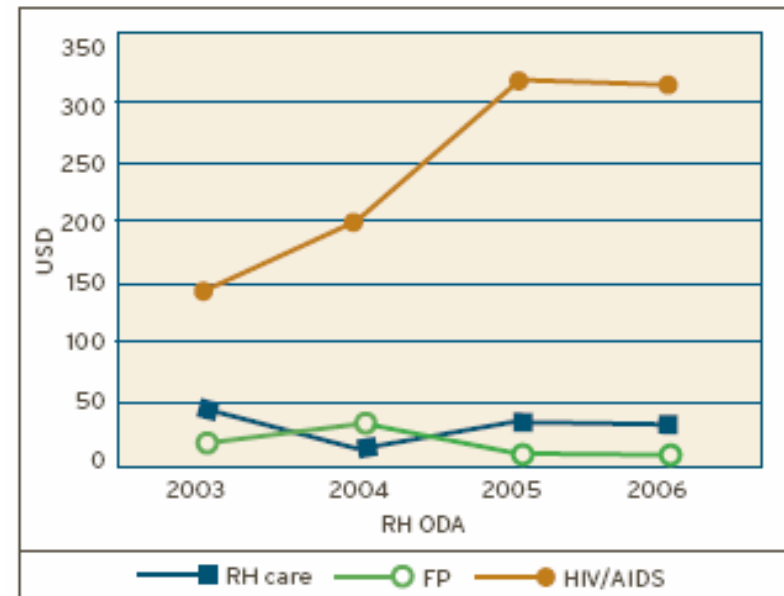
Figure 2 Number of guidelines identified, by topic



Has funding followed?

2009 RAISE Initiative study tracking donor funding for reproductive health in emergencies between 2003-2006 found:

- Annual average of 2.4% of total ODA was allocated to reproductive health.
- Only 1.7% of the 2.4% on average was disbursed to support family planning activities.



Box 1: ODA disbursement to 18 conflict-affected countries between 2003-2006 for three selected RH areas.

What should be done?

1. Policies and funding should support existing guidelines and standards.
2. Ensure the reproductive health needs of refugees and IDPs are fully integrated into broader health initiatives.



What should be done?

3. Support the leadership role of national and local authorities, and capacity building of local NGOs, including beneficiaries.

- Successes of collaborative partnerships
- Inclusion of reproductive health in emergency preparedness and contingency planning
- Catering to urban displacement



What should be done?

4. Support community-based approaches to service delivery.
 - Mobile outreach and community-based distribution of family planning
 - Community-based reproductive health care
 - Community-based care for survivors of sexual assault



In summary...

Policies and funding should support:

- Implementation of existing standards on the MISRP in preparedness and response, and comprehensive reproductive health as the situation stabilizes and throughout protracted crisis and recovery.
- Inclusion of refugees and IDPs in any health/reproductive health initiative.
- Network approaches and capacity building of local NGOs.
- Community-based approaches to service delivery.





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