Reproductive Health in the Changing Humanitarian Context

Key Findings from the IAWG on Reproductive Health in Crises’ 2012-2014 Global Evaluation
A collaboration dedicated exclusively to providing displaced people with reproductive health care by ensuring that:

- responses are coordinated
- funding addresses needs
- implementing partners have the latest training and guidance
IAWG Global Evaluation
2012-2014

• Identify existing RH services
• Quantify progress
• Document gaps
• Determine future directions
Methods

• Systematic Literature Review
• Assessment of Agency Commitment and Capacity
• Assessment of Availability, Use and Quality of RH services
  o South Sudan, Democratic Republic of the Congo, Burkina Faso
• Assessment of the Use and Efficacy of the MISP
  o Irbid City and Zaatri Refugee Camp
• Analysis of crisis funding trends for RH
• Review of UNHCR Health Information System data
Capacity to address reproductive health in crises has increased since the last global evaluation in 2004.
Organizations with an RHHS Policy

- Yes: 68%
- No: 23%
- Don't know: 6%
- Missing: 2%
Institutional Funding 2004-2012

- An increase in funding for RHHS: 49%
- A decrease in funding for RHHS: 13%
- No substantial change in funding for RHHS: 20%
- Don't know: 16%
- Missing: 2%
Increased commitment to the MISP in new emergencies
Conflict-affected settings receive 57% less funding for RH
Average annual per capita RH ODA

- Conflict-affected LDCs: $2.30
- Non conflict-affected LDCs: $3.60
Obstetric and Newborn Care

1 hospital and 1 health facility out of 63 were adequately staffed and equipped to provide comprehensive emergency obstetric and newborn care.
Clinical Care for Survivors of Sexual Assault

Gaps in

• provider knowledge
• community awareness
• lack of drugs

identified as primary barriers to care
Long-acting and Permanent Methods of Family Planning

- Not available at any facilities in South Sudan
- Available in 36% of health facilities in DRC
- Available in 20% of health facilities in Burkina Faso
Despite established guidelines, comprehensive reproductive health care in protracted displacement is severely lacking.
Recommendations

• Funding for fluid, innovative and cohesive programs
• Integration of the MISP into national medical and nursing curricula
• Community involvement in the design and delivery of reproductive health services to improve access