REPRODUCTIVE HEALTH IN EMERGENCIES:
CHALLENGES AND IMPERATIVES UNDER FORCED HUMAN DISPLACEMENT
A PAN-AFRICAN NGO PERSPECTIVE

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Dr. Dawit Zawde
President and CEO
Africa Humanitarian Action

Africa Humanitarian Action is a pan-African NGO working to alleviate human suffering arising from forced human displacement in Africa.

S1 and S2

Since the 1994 Rwanda genocide we have left our footprint in 16 African countries largely serving conflict-affected populations. We have worked mainly in emergencies related to refugees and internally displaced populations.

In all these settings conflicts and wars, unbridled violence and the absence of law and order as well as the virtual absence of governance have been the main features.

S3

Under the broad title of Reproductive Health in Emergencies it will be futile to try and attempt to cover all or particular aspects in any meaningful manner.
Hence, my presentation will broadly relate to the experiences of an African NGO in an African setting.

THE BLEAK SETTING AND

CHALLENGES OF REPRODUCTIVE HEALTH IN CONFLICT RELATED EMERGENCIES

- Armed conflicts and acts of violence have a grossly disruptive and negative impact on all aspects of human lively hood and the overall health status of affected populations. This is made worse in Africa, as it occurs on a background of abject poverty, loss of subsistence means, disruption of meagre services and the breakdown of social support systems all combined.
- Wars and conflicts and the resultant forced human displacement in Africa are also accompanied by a diminished or totally lacking capacity to respond to these needs, and this situation may be further aggravated by the inappropriateness of responses.

- Among several other relief measures to be undertaken in emergencies, and they are many, such as the provision of food, shelter, water and sanitation, and a minimum semblance of security to be ensured, there is also a pressing need for a comprehensive health care system to be put in place. This includes Reproductive Health services, which will have to be made available to refugees and displaced persons and populations affected by conflict from the outset.
- Violence against civilian populations and acts of gender-based and sexual violence against women and girls ... including mass rape ..., are documented features of war, conflict and forced displacement. These have profound physical and psychological consequences for the women who have been raped, for their families and for future generations.
- Even in stable settings in underdevelopment, reproductive morbidity and mortality are a major problem. The World Bank's World Development Report found that reproductive ill-health accounts for approximately 36% of the total disease burden among women of reproductive age (15-44 years) in developing countries compared to an estimated 12.5% in men.

For women, three groups of diseases make up the 36%—pregnancy-related deaths and disability, sexually transmitted infections (STIs) and HIV. Reproductive health is also about more than just the reproductive organs, and more than just reproduction. It is about how social and sexual behaviours and relationships affect health and create ill-health. It is relevant to both men and women, and to persons of all ages.

- Apart from traditional maternal and child health services, the reproductive health of women, men and adolescents is frequently neglected among refugees and internally displaced persons as it is not often considered a priority.
- In this bleak setting reproductive health problems may even be compounded by inappropriate institutional responses.

All these aspects have to be kept in mind while considering reproductive health interventions in emergency settings.

- The dictum that good reproductive health starts from childhood can not be immediately attended to in emergencies as other pressing demands set in and assume priority status.

For example, a female child who is malnourished from birth or subjected to harmful traditional practices enters adolescence and adulthood with anaemia, physical anomalies and possible psychosexual trauma related to traditional practices. This can increase the probability of obstetrical problems during pregnancy and childbirth. It may also contribute to sexual problems, fear and abuse in a relationship.

However, effective reproductive health care meant to addresses these problems from birth with appropriate and culturally sensitive education and health care programmes often becomes a rare commodity in emergency settings.

- The major killers in conflict related emergencies resulting in forced human displacement such as malnutrition, acute infections and communicable diseases often assume super emergency status and divert available resources.

THE IMPACT OF CONFLICT AND DISPLACEMENT ON REPRODUCTIVE HEALTH

War and conflict in Africa have amply demonstrated their impacts on displaced populations.

In fact, often, more need for Reproductive Health services arise with:

- The increased pressure on women to give birth to replenish the population, which may coincide with women's own desire to replace children who have died or disappeared. Thus, Fertility rates may increase to very high levels, with women at high obstetrical risk having many pregnancies at close intervals.
- Couples in displacement may not have access to family planning services, resulting in an increase in the number of unwanted pregnancies and possibly unsafe abortions.
- There may be an increase in traditional practices, such as some harmful traditional birth practices in order to replace lost health care services; and female genital mutilation in an attempt to maintain cultural and religious identity.
- The spread of STI/HIV is fastest in conditions of poverty, powerlessness and social instability that accompany conflict and displacement. In addition, mass population movements may bring a population of low STI/HIV prevalence, with little knowledge of these infections or how to protect themselves, into contact with populations of high prevalence.
- The reproductive health care needs of men, adolescents and minority groups may be neglected. The overwhelming sense of loss (of home and family) and lack of hope for the future may affect the mental health of women, men and adolescents and can lead to an increase in risk-taking behaviours.

Impact on women

The fact that women bear children exposes them to a range of potential problems that men do not experience. The reasons for women's greater vulnerability are not only physical but also social.

During conflict and displacement, women's physical and social vulnerability increases due to:

- Stress and malnutrition which endanger the health of pregnant and lactating women and their children.
- Lack or loss of the extended network of family support during pregnancy and lactation, leaving traumatized women with no practical or emotional support.

Young, single, widowed or disabled women may be at particular risk of sexual violence.

- The breakdown of family and social networks which often leave many households headed by women, who may be forced to offer sex in exchange for food, shelter or protection.
- The erosion of women's authority to control their own reproductive lives by the social changes associated with conflict and displacement.
- Women may be pressured to become pregnant to replace the depleted population.
- Access to health care facilities that meet reproductive health care needs is often lacking.

Impact on men

- In relation to reproductive health, men need to be considered as service users, as decision-makers affecting women's reproductive health and, in some instances, as perpetrators of violence against women.
- Given the increased risks of contracting STIs and HIV/AIDS during conflict and displacement, it is vital that education on safe sex, condom distribution, STI services and HIV/AIDS counselling services are accessible and acceptable to men as well as women.
- Men and boys may be victims of sexual violence, and services should be oriented to respond to this need. Through community education, men should also be actively encouraged to use family planning services, and to support their partners during pregnancy and breastfeeding.

In many cultures, men have the final say with regard to reproductive health decisions within families—decisions about condom use, family planning, spending on health care, and whether their wives receive antenatal or emergency obstetric care. During conflict and displacement, men who lose traditional roles and status may become more aggressive and dominant within the family setting, reducing women's authority still further.

Men also influence women's reproductive health in their roles as community, religious and political leaders. There may be opposition from male community leaders to the provision of some reproductive health services, such as family planning or services for unmarried adolescents.

During conflict and displacement, violence against women may increase, not only in acts of war, but also within families and communities. Reproductive health programmes must attempt to address this problem, working in conjunction with community and religious leaders.

Educating men to bring about changes in attitudes and behaviour in relation to reproductive health, sexuality and decision-making in relationships is slow work, requiring deep insights into male attitudes.

Given the far greater burden of reproductive ill-health that women bear, there are strong arguments for focusing limited resources on "women-centred" reproductive health programmes. However, given the power that men exercise in most cultures over decisions about women's reproductive health, there is a growing perception of the need to focus resources on changing not only men's attitudes but also their behaviour in relation to reproductive health.

Impact on adolescents

During conflict and displacement, new adolescent reproductive health needs are created. New challenges therefore arise:

- The breakdown of social networks is particularly damaging to adolescents because these networks provide the emotional and psychological support to guide their sexual development. The absence of traditional forms of guidance in the transition to adulthood may result in earlier and increased risk-taking behaviour.
- The boredom, hopelessness, uncertainty, insecurity and frustration of refugee life can also result in risk-taking behaviour. Besides unsafe sexual activity, other risk-taking behaviour includes tobacco, drug and alcohol abuse, poor nutrition, and violence inflicted both by and on adolescents. The desire to plan for the future may diminish, affecting adolescents' motivation and ability to take the necessary steps to avoid STIs, HIV and unwanted pregnancy.
- Adolescent girls (both married and unmarried) who become pregnant may find themselves without the support to cope with pregnancy, childbirth and raising a child. The risks of unsafe abortion may be exacerbated when both social support networks and health services are disrupted. In peacetime, young adolescent girls, whether married or single, run the highest risk of sexual violation. In conflict and displacement, this situation is likely to be aggravated.
- Unaccompanied minors, whether boys or girls, are especially vulnerable to violence and other forms of sexual exploitation. They may turn to prostitution in order to survive. They are also far more vulnerable to other forms of high-risk behaviour, including substance abuse, and to poor health in general. The ideas of aggressive masculinity inculcated in child and adolescent soldiers can have a profound and long-term negative impact on their own reproductive health and on that of the communities with which they come into contact.

INAPPROPRIATE INSTITUTIONAL RESPONSES TO REPRODUCTIVE HEALTH NEEDS

Apart from traditional maternal and child health services, the reproductive health of women, men and adolescents is frequently neglected among refugees and internally displaced persons. It may not be considered a priority, and in some instances reproductive health problems may even be compounded by inappropriate institutional responses.

The reasons for this may include the following:

- In the emergency phase of a humanitarian response, attention is necessarily focused on acute life-saving interventions. Less visible problems such as STIs, HIV/AIDS, female genital mutilation, the complications of unsafe abortion, gender-based and sexual violence and other traumas are frequently neglected.
- If the emergency approach of the initial response continues long after the initial emergency has passed, the less visible problems may continue to be neglected in the stabilization phase. The gender approach needed for successful reproductive health interventions may be lacking at institutional level, or it may be disregarded in an emergency situation. Different relief agencies may provide different vertical services for different population groups. This will meet some, but not all, reproductive health care needs.
- Relief workers may be neither aware of reproductive health needs nor trained to meet those needs. They may not know how to develop and plan an integrated programme of reproductive health care.
- Relief organizations and health personnel may not have the knowledge, skills or attitudes needed for the slow-paced, participatory approaches that are required to bring about changes in sexual behaviour and reproductive health. Relief workers may be reluctant to raise sensitive issues relating to reproductive health. Few health personnel may have experience in dealing with the victims of sexual violence.

Services may sometimes be provided in ways that do not respect the dignity of the recipients and their right to make free and informed choices. Alternatively, there may be opposition to the provision of some reproductive health services for religious or cultural reasons. These guidelines attempt to address each of these issues so that high-quality, comprehensive reproductive health services can become a reality for populations affected by conflict and displacement.

GUIDING PRINCIPLES FOR THE PROVISION OF RH SERVICES IN EMERGENCIES

In Africa or otherwise, established guiding principles govern the provision of Reproductive Health services in Emergencies during all phases of conflict and displacement.

These guiding principles should be emphasized in the training of all relief workers, even when the bulk of operations are not related to reproductive health.

- **An integrated approach**

Reproductive health cannot be looked at in isolation. It affects and is affected by all aspects of the lives and health of women, men and adolescents. It is related to all other aspects of primary health care, including mental health, nutrition, water and sanitation, and with environmental care, education, employment opportunities, culture, and social and economic status.

During armed conflict, the greatest impact on reproductive health may sometimes be achieved through "health-supporting" activities rather than

through interventions aimed explicitly at reproductive health. It is therefore important to emphasize an integrated approach.

Reproductive health is treated as an integral component of primary health care, and the solutions to reproductive health needs are sought both in the health sector and elsewhere. This includes recognizing the empowerment and education of women and girls as key determinants in improving their health, and supporting and promoting women's groups. Among refugees and displaced persons, an integrated approach means including the interactions between host and displaced communities in programme planning. It also means that wherever possible vertical programmes, such as maternal and child health, family planning, and STI/HIV control and prevention, should be linked or integrated to ensure that reproductive health care needs are met by the provision of a holistic service.

Coordination of response

As part of an integrated approach, close collaboration is necessary between partners providing health care to those affected by conflict and displacement. This will save resources, improve logistics, avoid gaps in coverage and prevent duplication of effort. The tendency to vertical delivery of reproductive health services even in stable settings makes the need for close coordination doubly important to avoid wasting resources.

A gender approach

The word "gender" is used to describe those characteristics of men and women that are socially constructed, in contrast to those that are biologically determined. In applying a gender approach to health, WHO goes beyond describing women and women's health in isolation but brings into the analysis the differences between women and men. A gender approach examines how these differences determine differential exposure to risk, access to the benefits of technology and health care, rights and responsibilities, and control over one's life.

The importance of a gender approach in programme planning and development is increasingly being recognized. However, there is still a strong tendency to neglect gender roles and relationships in emergencies. This can lead to women, adolescents or marginalized groups becoming more vulnerable rather than less as a result of the humanitarian response.

If the humanitarian response is truly to benefit all sections of a community, and if reproductive health services are to successfully meet the needs of all, a gender approach is needed during each phase of conflict and displacement. This means not only paying attention to the needs of women, but also examining the relationships between women and men, the structure of society and the impact that conflict has on the roles of groups within that society. For instance, the authority that older men formerly held may be lost to a younger generation of soldiers, women may have to assume more responsibility for what were traditionally male activities, children may be expected to emulate the behaviour of adults, and girls may have to assume roles that make them more vulnerable to sexual harassment or inhibit their development.

Gender training

If reproductive health programmes are to be based on a gender approach, there needs to be an awareness of gender on the part of health workers in the field, on the part of programme managers, and on the part of policy-makers and donors. Gender training is designed to promote such awareness. It enables people to examine their personal experiences and to realize how the neglect of a gender perspective has in the past disadvantaged men and, particularly, women. Such training also introduces participants to the tools of gender analysis and planning. A unique feature of emergencies is that policy-makers, programme managers and health service providers are often from a culture that is different from that of the affected population. As attitudes to reproductive health and to men's and women's roles in society vary greatly between cultures, there is a need for outsiders to be aware of their own (culturally-based) attitudes and beliefs in these areas. These issues also need to be addressed in gender training for emergencies. It is recommended that all relief agency staff receive at least some gender training before being sent to the field.

Quality of care

WHO has defined the core elements of quality of care as follows: promotion and protection of health through preventive services (including counselling and education); ensuring accessibility and availability of services; ensuring acceptability (including cultural acceptability) of services; ensuring standards of practice and technical competence of health care providers; ensuring the availability of essential supplies, equipment and medication; respectful, non-judgmental client-provider interactions, information and counselling for the client and referral when necessary; involvement of clients in decision-making; comprehensive holistic care integrated into primary health care services; continuous monitoring of services; ensuring cost-effectiveness and the appropriate use of technology.

High quality of care in reproductive health services may seem unattainable in especially difficult circumstances, such as during armed conflict or emergencies. However, evidence from stable settings indicates that quality of care is critical to the more efficient and effective use of limited resources and to increasing access to and use of reproductive health services. Quality is therefore an issue that should be addressed in any setting where health care services are provided. Conflict and displacement may create constraints on finances, logistics or security that can put severe limits on the quality of care that can be provided. This may mean that a particular intervention will neither be effective in meeting reproductive health needs, nor cost-effective. In these circumstances, choices have to be made as to whether a particular service component should be provided.

Adherence to high ethical standards

Adherence to the highest ethical standards is an essential component of the quality of care during conflict and displacement. Services should be provided in ways that ensure respect for privacy, confidentiality and freedom of choice, and

that ensure equity of care to all groups. In any situation these are key issues and can be difficult to achieve. In situations of conflict and displacement they may be even more difficult to attain, but at all times an explicit attempt should be made to strive for the highest ethical standards.

Equity of care

Equity of care to all—irrespective of gender, ethnic group, religion or caste—means ensuring that services are available, accessible and acceptable to all marginalized and vulnerable groups, for example, people without immediate family or relatives, adolescents and other groups with special needs such as unaccompanied women, unaccompanied minors and disabled persons.

Support for local coping strategies

In all societies, individuals and communities have different strategies they adopt in order to survive in times of crisis. Most people affected by conflict, whether stayees or displaced, survive by their own efforts rather than as a result of outside interventions or aid. For example, it has been suggested that food aid meets only 10% of needs in emergency situations, with most food needs being met through local coping strategies. Where outside assistance is available and can reach the affected population, it should be firmly based on supporting and strengthening people's coping strategies. This is because: this is likely to be the most efficient way of assisting individuals and communities; the knowledge, capacities and coping strategies of the people themselves are their chief means of survival and hope for the future.

To undermine these coping strategies is to undermine a community's long-term capacity for recovery, peace building and reconciliation. Ideally, humanitarian relief during conflict and displacement should be channelled through organizations that have a good knowledge of the affected community and its survival strategies, and that understand of the roots of conflict. These organizations may be government bodies, rebel groups, women's groups, United Nations organizations or international NGOs with experience of development work with the affected community before the conflict. It is imperative that relief organizations that are new to a particular country or community rely on organizations and groups with local experience in order to identify and support (rather than undermine) community coping strategies. Relief agencies should avoid imposing their own beliefs and ideology, but should accept the culture and religion of the people.

A development approach

Both conflict and displacement are frequently protracted. A relief approach to humanitarian assistance, with an emphasis on rapid decision-making and response, is essential in the early days of a crisis. Too often, however, crisis management style continues to be used long after the time of crisis is passed.

These guidelines emphasize that programme planning and implementation should be based on a development approach to the greatest extent possible during all phases of conflict and displacement. In practice this means that the principles of community participation, a gender approach, consultative planning,

empowerment of communities and attention to long-term sustainability must be supported at all levels of an organization, and should be actively promoted in the field. One important aspect of sustainability that is emphasized in the guidelines is the provision of a level of care that is appropriate to local standards and that is in line with local norms and practices.

- **A public health approach**

Violence against women, children, adolescents and vulnerable groups is now being recognized and treated as a preventable public health problem. There is also a growing perception that political violence, including armed conflict, should be treated as a public health problem, and that health practitioners should treat war as a particular kind of "societal disease". This means that health practitioners should study the causes of war, document its impact on physical, social and mental health, investigate preventive measures, take whatever action is in their power (as individuals and through professional bodies) to prevent the "disease", and develop strategies to treat its effects.

To date, relatively little has been documented on specific reproductive health needs arising during conflict or on simple and successful strategies for meeting those needs. This kind of information (including information on strategies that have not been successful) would be invaluable for the future. One way to share such information would be for field staff to include reports of reproductive health interventions in conflict settings in their feedback on these guidelines.

OPPOSITION TO REPRODUCTIVE HEALTH SERVICES FROM WITHIN A COMMUNITY

- Some groups within a community may oppose the provision of some aspects of reproductive health services, such as family planning or services for unmarried adolescents. It is important to assess the nature and extent of such opposition before proceeding with contentious services, even if members of the community have expressed a need for such services.
- The provision of emergency contraception and of condoms can be highly contentious in many cultures. Ideally such services would be introduced to a community only after a careful and thorough assessment of needs and attitudes, and in the closest consultation with the community in question.

It must however be remembered that reproductive ill-health must be viewed from a public health perspective and in emergencies the need for these services may be so great that it becomes necessary to introduce them before a detailed assessment has been carried out.

- If this is the case, it is vital that as much information as possible is gathered about attitudes to these issues. This information must be used to plan how these services will be delivered to the community without provoking a backlash that could make it difficult to develop reproductive health services in the future.

- Particularly in conflict settings, opposition to services may be expressed violently and may put the lives of health workers and others at risk. Women's or other community groups may be able to identify not only the risks involved in providing contentious services but also some possible solutions.
- In some circumstances, it may be possible through dialogue and advocacy to move to a position where community leaders are facilitators of service provision rather than barriers to it.

PREPAREDNESS MEASURES

Information gathering and planning

Gathering information on reproductive health before the outbreak of armed conflict will do much to assist in programme planning after conflict starts. Ideally such data would include information on morbidity and mortality related to reproductive health, on available services (e.g. family planning services) and on attitudes to sexuality and relationships, family planning, HIV/AIDS, and gender-based violence.

Provision of essential supplies

If conflict or mass displacement threatens, the material resources required to respond must be made ready. Establishing regional reserves will reduce transport times. Condoms should be included as a matter of course, along with the New Emergency Health Kit and Clean Delivery Kits.

In times of growing instability, health programmes at community level should make it a point to find pregnant women in order to issue them with Clean Delivery Kits, provide education on their use and information on how to recognize and respond to an emergency situation. Where possible, women should be fully immunized against tetanus. Contraceptive pills and condoms can be issued for a longer period (e.g. six months rather than three months). Women should be offered the choice of receiving an inject able contraceptive if they wish.

Staff recruitment and training

Skills in reproductive health should be considered when recruiting staff and information on reproductive health skills should be included in the human resources database of humanitarian organizations.

All staff (not only health workers) who are to work with persons who are affected by conflict or who are displaced should be trained in gender awareness and provided with a basic understanding of reproductive health needs of men, women and adolescents during conflict and displacement. They should also be aware of how to work in coordination with reproductive health services, even if most of their work is not directly related to reproductive health.

This training should ideally be part of an orientation package. A number of training materials have been developed that can be used for predeparture or on-

site orientation on reproductive health and gender (see Appendix X—Bibliography).

THE MINIMUM SERVICE PACKAGE

Similarly, a universally applied minimum service package has also been developed for Reproductive Health in Emergencies quite applicable to our African context as well.

Simple and efficient interventions to reduce reproductive health related mortality and morbidity during intense periods of armed conflict and the emergency phase of a population displacement.

It describes the materials and supplies needed to implement the Core Package.

The minimum service package for reproductive health interventions

The minimum core Package is a desirable minimum package of interventions for meeting basic reproductive health needs during conflicts and displacement.

SERVICE PACKAGE FOR REPRODUCTIVE HEALTH INTERVENTIONS

- **prevent excess neonatal and maternal morbidity and mortality**
- **prevent and manage response to gender-based/sexual violence** (Refugee/displaced)
- **enforce universal precautions against HIV**
- **reduce transmission of STI/HIV by making condoms freely available**
- **To ensure blood transfusion is safe**
- **To meet pre-existing family planning needs**
- **To meet needs for menstrual protection**

The following table lists the materials and supplies needed to implement the minimum service package.

MATERIALS AND SUPPLIES TO IMPLEMENT THE CORE PACKAGE

- **Emergency Health Kit**

- **Emergency contraception**
- **Clean Delivery Kits**
- **Condoms**
- **Provision of contraceptives to meet spontaneous demand**
- **Menstrual protection**
- **Universal precautions**