Comprehensive Reproductive Health in Crises: from vision to reality

by Therese McGinn and Samantha Guy

The Comprehensive Reproductive Health in Crises (CRHC) Programme is a major new initiative that will catalyse change in how reproductive health (RH) is addressed within relief organisations, field services and global decision making.

Developed by Columbia University’s Heilbrunn Department of Population and Family Health, in the Mailman School of Public Health,1 and Marie Stopes International (MSI),2 the CRHC Programme aims to ensure that the full range of RH needs of IDPs and refugees are addressed. Other CRHC Programme partners include major humanitarian and development agencies, UN bodies, advocacy agencies and academic institutions.

The goal of the CRHC Programme is to ensure that good quality comprehensive RH services are routinely provided, from beginning to end, to those in humanitarian situations. RH care should be recognised as an absolute necessity for populations in crisis, just as food, water, sanitation, shelter, protection and basic health care are commonly accepted as primary needs.

The CRHC Programme will work with partners in countries including Colombia, the Democratic Republic of Congo, Sudan and Uganda.

Critical need

People are displaced from their homes for many reasons – including civil unrest and natural disasters – and are often unable to return for years. The people within these affected communities, especially women, require RH care. Yet integrated and fully comprehensive RH services are not the norm in most crisis and conflict settings.

The Women’s Commission for Refugee Women and Children3 first highlighted the lack of RH services for refugees and IDPs in its seminal report Refugee Women and Reproductive Health Care: Reassessing Priorities in 1994. That same year, the International Conference on Population and Development (held in Cairo) recognised the rights of refugees and IDPs to RH; these rights were further enshrined during the Fourth World Conference on Women held in Beijing in 1995. Many agencies were moved to include RH services in their humanitarian response to populations in crises. Additionally, both the Inter-Agency Working Group on Reproductive Health in Refugee Settings and the Reproductive Health Response in Conflict Consortium were founded by agencies with a shared commitment to promoting RH among conflict-affected populations.

In 1999 the Inter-Agency Working Group on Reproductive Health in Refugee Settings published Reproductive Health in Refugee Settings: an Inter-Agency Field Manual, which had been field tested by a range of agencies. The manual, which outlines both the initial minimum services as well as comprehensive services in refugee and IDP settings, has since been revised and become an important tool for practitioners. It provides practical information on what should be provided in a crisis setting, including the first emergency phase.4

Significant achievements have been made in advancing RH for conflict-affected populations over the past decade, yet there are still major gaps in RH technical areas, in RH programming in the early days and weeks of new emergencies, and for IDP populations. In 2004 a major global evaluation of RH among conflict-affected populations found that while improvements have been made, much remains to be done.5 Other studies have confirmed that good quality RH services are far from being a reality.6

The CRHC Programme addresses the need to make comprehensive RH services the standard in humanitarian situations. We believe that with technical assistance and strong evidence from the field, coupled with a supportive policy environment and financial resources, humanitarian response agencies should be enabled to provide good quality reproductive health services from the outset of an emergency.

The CRHC Programme will work to strengthen the institutional commitment to comprehensive RH service delivery within international humanitarian agencies and networks; introduce or expand good quality comprehensive RH services in crisis settings; and fortify the policy and funding environment for the provision of comprehensive RH services in refugee and IDP situations within UN agencies, international bodies, host country authorities and donors.

Critical services

The CRHC Programme comprises critical services, including:

- emergency obstetric care: basic and comprehensive emergency obstetric care, including post-abortion care
- family planning: all methods, including long-term and permanent, and emergency contraception
- sexually transmitted infections: prevention and treatment
- HIV/AIDS: prevention, voluntary counselling and testing, prevention of mother-to-child transmission and referral
Displacement and difference in Lubumbashi

by Aurelia Wa Kabwe-Segatti and Loren B Landau

Signs on the outskirts of the second largest city in the Democratic Republic of Congo (DRC) welcome visitors to ‘the city of peace’. Lubumbashi has a reputation as a haven of tolerance in a violent nation but how are displaced people treated?

For people from eastern Congo who have lived through more than a decade of violence, the city – located in the vast country’s far southwestern corner – offers an undeniable allure. The copper-mining city serves as the capital of the relatively prosperous Katanga province and has escaped the direct effects of the country’s civil wars. Laurent Kabila, the assassinated former president whose son won DRC’s first-ever democratic election in November 2006, invited war-affected people to find protection in a city that he conquered early in his successful campaign to oust Mobutu Sese-Seko, the despot who ruled DRC for over three decades. Kabila’s movement, the Alliance des Forces Démocratiques pour la Libération du Congo (AFDL), began its rebellion in 1996 by dismantling Rwandan refugee camps on the eastern border. Kabila later established the Commissariat à la Réintégration to assist both soldiers and displaced persons. While soldiers who deserted Mobutu’s army in the mid-1990s were assisted in Camp Uilo in Kolwezi, approximately 300 km away from Lubumbashi, tens of thousands of IDPs from across the country’s war-torn east sought protection and aid in the city itself. The first IDPs to arrive came from Kalemie, a city near Lake Tanganyika that experienced at first hand the brutality of the militias who have killed and displaced millions of Congolese. Those from Kalemie were assisted in Camp Uilo in Kolwezi, approximately 300 km away from Lubumbashi.

Gender-based violence: medical response and referral.

The CRHC Programme is implementing these important services through:

- Advocacy: CRHC will facilitate widespread support for comprehensive RH in crises. CRHC works with UN agencies, international bodies and humanitarian agencies, governments and private donors to influence the policy and funding environment.

- Technical assistance and support to partners: CRHC provides assistance to partners to support programme development, identify training needs, carry out monitoring and evaluation activities, identify opportunities for collaboration, and coordinate research.

- Clinical Training: CRHC combines on-site training and follow-up with clinical training at MSI’s comprehensive sexual and reproductive health centre in Nairobi to build the clinical skills of partners.

- Emergency fund: CRHC manages a fund to enable rapid response to RH needs in emergencies, including natural disasters.

- Research: In collaboration with leading research institutions, CRHC will identify research priorities and develop a programme of operations research. The findings will further strengthen the evidence base for the provision of comprehensive RH in crisis settings.

The CRHC Programme is committed to facilitating the dissemination of research and programme findings. The CRHC website will contain technical resources, programme updates and links to other useful sites. Updates of activities and findings will be published in professional journals.

There will be a CRHC Programme update in each issue of FMR, which will present lessons learned from the field, highlight advocacy and policy experience and communicate research findings.

We welcome comments and feedback, and look forward to your involvement as we embark on this critical journey.

For further information about the programme, please register on the CRHC website [www.crhcprogramme.org](http://www.crhcprogramme.org) to receive our regular e-letters.

2. [www.mariestopes.org.uk](http://www.mariestopes.org.uk)
3. [www.womenscommission.org](http://www.womenscommission.org)
4. [www.crosscuttingthemes.org](http://www.crosscuttingthemes.org)