



Reproductive Health Response in Crises Consortium

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Somalia Famine in the Horn of Africa: Reproductive Health Needs of Women and Girls Must be Addressed

The Minimum Initial Service Package (MISP) for reproductive health was designed to respond to the reproductive health needs of populations from the onset of a crisis. While recognizing that resources and attention must not be diverted from the major causes of death in emergencies, such as malnutrition and prevention and treatment of infectious diseases, there are some aspects of reproductive health that also must be addressed from the initial phase of a crisis to reduce morbidity and mortality, particularly among women and girls.

As a consortium of organizations dedicated to the promotion of reproductive health among all persons affected by crisis, we call attention to the lifesaving reproductive health services needed by women, adolescents and men in famine-affected areas in the Horn of Africa. We recognize that attention to critical reproductive health needs has been initiated by governments and humanitarian agencies, but activities must be rapidly scaled up to meet the magnitude of the need. It is essential to ensure continuous reproductive health supplies and additional human resources. The response must also include strengthening coordination across country borders so that referral pathways can be assured to emergency obstetric care facilities and essential reproductive health services are available for rapidly shifting populations. There must also be targeted outreach to communities, particularly those on the outskirts of the camps, about the importance of seeking care for complications of pregnancy and childbirth and sexual assault, and when, where and how to seek that care.

With maternal mortality in Somalia at 1,400 per 100,000 live births¹ and low coverage of services prior to the crisis, Somali women and their newborns are at heightened risk of life-threatening complications of pregnancy and childbirth. Malnutrition, including iron deficiency anemia, add further risk. Pervasive sexual violence, including rape, puts women and girls at risk of unwanted pregnancy and sexually transmitted infections, including HIV, as well as psychological and social trauma.

It is essential that all crisis-affected persons, particularly women and girls, have access to the services of the MISP. The MISP meets the Central Emergency Response Fund's life-saving criteria. It aims to ensure that:

- a lead agency is identified within the health cluster/sector in each crisis-affected country to support the coordinated implementation of the MISP;
- pregnant women and girls have access through clear referral mechanisms to emergency obstetric care, including cesarean sections, and **communities are informed about this care**;
- skilled birth attendance and supplies for normal births are available at health facilities;
- clean delivery kits are provided to all visibly pregnant women;
- sexual violence is prevented by establishing physical protection measures to ensure women and girls have safe access to their basic and survival needs, including water, food, fuel, shelter, health care, and sanitation and hygiene needs, such as menstrual hygiene materials;
- survivors of sexual assault have access through clear referral mechanisms to clinical care and **communities are informed about this care**;
- all blood for transfusion is safe;
- standard precautions are enforced with the delivery of all health services;
- free condoms are available;
- contraceptives are available to meet demand, antiretrovirals are available to continuing users and care is provided to people presenting with sexually transmitted infections; and
- planning for comprehensive reproductive health services.

The RHRC Consortium also recommends that services be delivered in a culturally sensitive manner, and humanitarian actors identify and work closely with crisis-affected communities and local partners. Key resources on MISP implementation are available [online](#). On behalf of the Consortium, the [Women's Refugee Commission](#) has also developed information, education and communication pictorial templates on two of the MISP objectives (care for pregnancy complications and care for survivors of sexual assault) that are available in final draft for field-testing from the Consortium [website](#).

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¹ World Health Organization, 2005.