

Reproductive Health Response in Conflict Consortium

formerly
Reproductive Health for Refugees Consortium



RENEWING INTERNATIONAL
COMMITMENT TO
REPRODUCTIVE HEALTH FOR
CONFLICT-AFFECTED POPULATIONS



CONTENTS

New Name and Mission Statement	1
Overview: Reproductive Health among Conflict-affected Populations	2
Who We Are and How We Were Formed	3
Our Work: 1995-Present	5
Preparing for the Future	12

© RHRC Consortium
October 2003

RHRC Consortium
c/o Women's Commission
for Refugee Women & Children
122 East 42nd Street
New York, NY 10168-1289

tel: 212.551.3112
fax: 212.551.3180
info@rhrc.org
www.rhrc.org

Acknowledgments

This document was prepared by Joanne Spicehandler and the Women's Commission for Refugee Women and Children, with contributions by members of the Reproductive Health Response in Conflict Consortium. It was edited and designed by Diana Quick of the Women's Commission for Refugee Women and Children.

The RHRC Consortium would like to thank the The David and Lucile Packard Foundation, the United Nations Population Fund (UNFPA) and Marie Stopes International for their support.

Cover photos © Julia Matthews

RHRC NEW NAME AND MISSION STATEMENT

The Reproductive Health for Refugees Consortium has officially changed its name to the Reproductive Health Response in Conflict Consortium (RHRC Consortium) to reflect the work of the Consortium, whose programs provide services to a variety of conflict-affected populations, not just refugees. The new name more accurately describes the Consortium's concern for all populations affected by conflict.

The RHRC Consortium's revised mission responds to stakeholders' requests and balances them with the need to address funding constraints and demonstrate impact. As a result, the Consortium will now channel its energies into two main areas – policy and services – in order to increase the effectiveness of its initiatives.

Mission statement

The RHRC Consortium is dedicated to the promotion of reproductive health among all persons affected by armed conflict. The RHRC Consortium promotes sustained access to comprehensive, high quality reproductive health programs in emergencies and advocates for policies that support the reproductive health of persons affected by armed conflict.

The RHRC Consortium believes all persons have a right to good quality reproductive health care and that reproductive health programs must promote rights, respect and responsibility for all. To this end, the RHRC Consortium adheres to three fundamental principles:

- using participatory approaches to involve the community at all stages of programming;
- encouraging reproductive health programming during all phases of emergencies, from the initial crisis to reconstruction and development; and
- employing a rights-based approach in all of its work, as articulated in the 1994 International Conference on Population and Development Programme of Action.

OVERVIEW: REPRODUCTIVE HEALTH AMONG CONFLICT-AFFECTED POPULATIONS

KEY FACTS

Reproductive health is a human right articulated in international law.

Reproductive health care for conflict-affected populations is not a luxury but a necessity, which saves lives and dramatically reduces ill health.

Maternal mortality is the leading cause of death among women of reproductive age in some refugee settings.

Increasing access to safe, effective contraception saves the lives of women and children.

STIs and HIV spread fastest where there is poverty, powerlessness and instability, all characteristics of refugee and internally displaced settings.

Young women affected by armed conflict are often forced to trade sex to meet their basic survival needs, which puts them at great risk of contracting STIs, including HIV.

Gender-based violence exists in conflict-affected settings around the world.

Forced from their homes, exposed to violence and acute poverty, and separated from families and communities, refugees and internally displaced persons (IDPs) face extraordinary difficulties that affect their reproductive health. They often lack protection, health care, education, livelihood and community support. They are vulnerable to sexual violence by armed forces and others and face exploitation in the absence of traditional socio-cultural constraints.

Until very recently, reproductive health care has been a neglected area of relief work, despite the fact that poor reproductive health is a significant cause of death and disease in conflict-affected settings, once emergency health needs have been met. Women fleeing conflict lack access to safe childbirth and emergency care. Lack of good quality reproductive health services can lead to high mortality rates among women and children, an increase in the spread of sexually transmitted infections (STIs), including HIV/AIDS, an increase in unsafe abortions and increased morbidity related to high fertility rates and poor birth spacing.

Since it began eight years ago, the RHRC Consortium has dedicated itself to drawing these issues to the attention of the international community and improving reproductive health programs in conflict-affected settings.



©2002 CARE/Mark Mason

WHO WE ARE AND HOW WE WERE FORMED

Talent, Commitment and Collaboration

The Consortium is recognized for its technically qualified and experienced member staff and its ability to work in a coordinated and collaborative way, despite the number of agencies and potentially competing interests involved. The members complement each other in the diverse skills, expertise and perspectives they bring to the table.

“They are a core of cutting edge, committed groups pushing the envelope on reproductive health in refugee and IDP settings.”

Sarah Jane Holcombe, Ibis Reproductive Health (formerly at the Packard Foundation)

“The RHRC works because they are not competing with each other; they all contribute different expertise.”

Kate Burns, United Nations (formerly UNHCR)

“They are remarkably successful, given the many agencies... involved and the constraints of the environment they work in.”

Pam Delargy, UNFPA

“Their model for collaboration acted as a force to coalesce around an issue that needed to be made visible... They made us realize [that reproductive health for refugees] was an idea whose moment had come.”

Carolyn Makinson, MIT (formerly the Mellon Foundation)

In 1994, two important events contributed to the formation of the Reproductive Health for Refugees Consortium.¹ The first was a seminal report, published by the Women’s Commission for Refugee Women and Children with support from the Mellon Foundation, shedding light on the lack of reproductive health services for refugees and others displaced by the tragedy of armed conflict.²

This document reported that, in the early 1990s, the majority of health care settings serving refugees and displaced populations offered only skeletal maternal and child health services, focusing on prenatal care and safe home delivery through traditional birth attendants. Little or no attention was paid to family planning, yet women living in refugee and IDP settings face conditions that place them at risk of unwanted pregnancy. STI/HIV/AIDS prevention and treatment were also found seriously lacking, as were programs specifically attuned to the needs of adolescents, a particularly vulnerable population within an already neglected group. Gender-based violence, a serious problem among conflict-affected populations, subjects women to increased risk of unwanted pregnancy and STI/HIV/AIDS, as well as to psychological trauma in a stressful environment. Efforts to address these issues were limited. Trained staff and access to referral facilities for the management of emergency obstetric care were often unavailable.

The second event was the 1994 International Conference on Population and Development, held in Cairo. There, for the first time, delegates recognized the special reproductive health needs of forced migrant populations – including refugees and displaced persons – in the ICPD Programme of Action.

In response to the considerable attention brought to the plight of refugees and the displaced, the Mellon

1. *Turning Point: A Special Report on the Refugee Reproductive Health Field*, Laurel Schreck, Family Planning Perspectives (6)4, 2000.

2. *Refugee Women and Reproductive Health Care: Reassessing Priorities*, Women’s Commission for Refugee Women and Children, 1994.

Expert Technical Resource

The RHRC Consortium has served as a technical resource to other agencies at the international and local levels.

“Each member of the RHRC has been able to offer us different types of skill and knowledge.”

Patricia Ospina, Profamilia, Colombia

“Their strength lies in their technical quality and expertise, and in the implementation of reproductive health activities at field level by some of their member agencies...They are a good resource for technical guidelines and advocacy.”

Wilma Doedens, UNFPA

“Their Technical Advisor system has been a powerful tool...It is important to be at the field level...”

Kate Burns, United Nations (formerly UNHCR)

Foundation convened two meetings in the second half of 1994 that set the stage for the RHRC. Five non-governmental organizations participated: CARE, the International Rescue Committee (IRC), JSI Research and Training Institute, Marie Stopes International (MSI) and the Women’s Commission for Refugee Women and Children. These meetings established the base for what became the RHRC, and the participating organizations formed its initial membership. The Consortium was formally established in 1995 with funding from the Mellon Foundation. The American Refugee Committee (ARC) and Columbia University’s Heilbrunn Department of Population and Family Health joined the Consortium later. This combination of agencies, with their complementary expertise in training, advocacy, clinical services and research, contributed diverse skills to addressing the needs of refugee and IDP populations and garnering support from the international donor community to move from rhetoric to action.

The RHRC, from its inception, united with other international agencies through the Inter-agency Working Group on Reproductive Health in Refugee Situations, led by UNHCR and UNFPA, to carry out a broad agenda aimed at improving the reproductive health of refugees and displaced persons around the world.



© Julia Matthews

OUR WORK: 1995-PRESENT

RHRC Consortium activities to date have supported:

Service Provision

Improvements in reproductive health service delivery

The RHRC Consortium is currently active in some 30 countries working in approximately 70 sites to provide direct reproductive health service delivery through member institutions as well as capacity building to local and international organizations. It has also participated in health assessments in refugee and internally displaced settings in eight countries to document gaps and promote efforts to address them.



©1999 CARE/Jacob Holdt

Participants in the DM&E Project were impressed with the level of technical support they received. Meetings were held twice a year and findings were presented at major fora like the Global Health Council and the RHRC Research Conference 2000. Participants felt involved in an active collaboration.

“With the DM&E Project, after our first survey, we discovered the true level of victims of gender-based violence and were able to organize our action plan based on the results...With the RHRC it is not just about financing, they provide technical support... They helped us improve our work and offered opportunities to present our results at international conferences and seminars.”

Haifa Jamal, Association Najdeh, Lebanon

“The DM&E Project allowed us to work with adolescent internally displaced persons...[From our surveys] we learned that we needed to begin working with youth at a lower age range because they were already at risk...The RHRC has done a great job in developing the methodology and providing technical support.”

Patricia Ospina, Profamilia, Colombia

Design, Monitoring and Evaluation

Improved design, monitoring and evaluation of reproductive health activities

The RHRC Consortium has implemented a design, monitoring and evaluation program to help professionals of local organizations in nine countries develop the skills and tools necessary to collect, analyze and apply data toward improvements in reproductive health programming.

In February 2003, Columbia University published the *RHRC Monitoring and Evaluation Tool Kit: Draft for Field Testing*, which provides a decision-oriented model for program monitoring and evaluation. The M&E Tool Kit is tailored specifically to the information and decision-making needs of managers of reproductive health programs serving refugees and other war-affected persons. The aim of the M&E Tool Kit is to make it easier for managers to learn how their program is progressing and know what to do to make it work better. Use of the M&E Tool Kit will help managers integrate useful evaluation activity into the everyday management of their programs to improve the quality of reproductive health services to conflict-affected populations. Materials in the M&E Tool Kit might also be used by field staff in other sectors, country directors or headquarters personnel – anyone who uses data to make decisions for improving programs.



© Julia Matthews

The RHRC Consortium has played a lead role in the development of field-friendly materials and guidelines as well as in advocating for the inclusion of reproductive health into other humanitarian guidelines such as the Sphere Project Humanitarian Charter and Minimum Standards of Response. The RHRC Consortium is also known for its high quality tools and other resources, including training manuals, assessment tools and website.

“The RHRC has been a major influence in the development of the Inter-agency Working Group manual.”
Paul Spiegel, UNHCR

“They are the absolute reference library on reproductive health for emergencies: they offer field tools, training manuals, information on special areas like gender-based violence, reports, bibliographies. ... Their materials are very practical and user-friendly.”
Pam Delargy, UNFPA

“They have been effective in producing materials that help others.”
Carolyn Makinson, MIT (formerly the Mellon Foundation)

Training and Tools Development

Training in reproductive health issues for program planners and service providers

The Consortium has established a technical advisor (TA) model to provide training in technical areas, support program design, monitoring and evaluation, and assist staff in conducting field-based assessments. The TA system also offers expert guidance in emergency obstetric care, HIV/AIDS, adolescent health, gender-based violence and general reproductive health.

In 2003, Family Health International and the RHRC Consortium developed a training module, *Communications Skills in Working with Survivors of Gender-based Violence*, for use in humanitarian settings. The module is designed for non-counseling professionals who regularly interact with gender-based violence survivors and would like to improve their understanding of basic concepts and techniques related to assisting survivors. The Consortium co-hosted a training of trainers (TOT) workshop on communications skills in working with survivors of gender-based violence based on this module.

The Consortium has published and disseminated numerous papers and documents over the past eight years that have highlighted the urgent need to address reproductive health for those affected by armed conflict. Most recently, it revised the *Reproductive Health Programming in Refugee Settings: A Five-Day Training Manual* to improve the ability of health personnel to assess, evaluate and redesign reproductive health programs to improve the quality and scope of services. A one-day awareness-building module, *An Introduction to Reproductive Health Issues in Refugee Settings*, has also been updated. Both documents became available in September 2003.

Most stakeholders agreed that there is currently more evidence-based research available on reproductive health issues in conflict-affected settings than existed at the time the RHRC initiative began. However, they acknowledged that more needs to be done by all organizations working in reproductive health for conflict-affected populations – not just the RHRC Consortium – to continue to improve data collection and research quality and to publish and disseminate findings. Research is a powerful and essential tool to support advocacy efforts, continue to identify and address needs, and demonstrate impact.

The Research Conference in 2000 – the first ever large international conference devoted specifically to research in these settings – was considered by many to be an important vehicle for sharing information about both reproductive health for refugees knowledge and gaps, as well as a rare opportunity for partner agency researchers from developing countries to share their experiences.

“The Research Conference was a good opportunity for exchange and a good start to get others involved.”
Paul Spiegel, UNHCR

“The Research Conference was one of the best organized and presented I have ever been to...It was great to see so many people brought together and to have the participation of so many of the developing country partners.”
Deborah Maine, Heilbrunn
Department of Population and
Family Health, Columbia
University

Research

Contributions to the growing body of research on reproductive health for refugees

The RHRC Consortium has collaborated with several partner agencies in the past eight years to conduct studies and publish papers that document the reproductive health needs of refugees and report the results of programs initiated to address them. In December 2000, it hosted the first large international research conference on the reproductive health of conflict-affected populations. Two hundred and fifty people from a wide range of international development and humanitarian agencies, donors, researchers and developing country partner agencies participated.

A second research conference, “Reproductive Health from Disaster to Development,” was held in Brussels, Belgium in October 2003. The program featured applied research and program findings on family planning, STI/HIV/AIDS, gender-based violence and safe motherhood in conflict-affected situations, evidence of successful models of service delivery in different settings and phases of programming and collection and use of data.

The RHRC Consortium was pivotal in the development of a groundbreaking gender-based violence prevalence survey tool for conflict-affected populations. This tool, designed to standardize data collection to allow for comparability within and across cultures and to promote effective gender-based violence programs in conflict settings, has been pilot-tested in Kosovo, East Timor, Rwanda and Colombia.

In 2002, the RHRC published and widely distributed *If Not Now, When? Addressing Gender-based Violence in Refugee, Internally Displaced, and Post-conflict Settings: A Global Overview*. Composed of 12 country profiles, it provides a baseline narrative account of some of the major issues, programming efforts and gaps in programming related to the prevention of and response to GBV among conflict-affected populations worldwide.

The small grants program enabled recipients to raise awareness on specific reproductive health issues, expand their activities to include additional technical areas, develop new facilities or expand geographic coverage, and to conduct research on community needs.

“We were really the only organization dealing with sexual and reproductive health in Colombia but lacked experience, at that time, in working with internally displaced persons...Our grant allowed us to serve this vulnerable and neglected group...We have since been able to get funding from other donors”
Patricia Ospina, Profamilia, Colombia

“We were able to develop our own posters, playing cards and cartoon books and improve our program monitoring... Young people are now beginning to come for voluntary HIV/AIDS testing.”
Christine Shimanya, Health for Adolescent Project, Uganda

Small Grants

Small grants for agencies in developing countries to improve reproductive health capabilities

Since 1995 the RHRC Consortium Small Grants program has provided almost \$1 million through approximately 30 small grants, primarily to local NGOs. The purpose of the Small Grants Program is to support and encourage local NGOs to institutionalize reproductive health services for conflict-affected populations, thereby increasing access of refugees and displaced persons to quality reproductive health care.

The Small Grants Program reaches a geographically diverse group of organizations and conflict-affected populations, with grantees active in Africa, Asia, Latin America and Europe. The recent publication, *Small Grants; Large Gains*, describes the experience of a group of grantees in using RHRC Consortium funds to improve their capability to serve the reproductive health needs of conflict-affected populations.

The Small Grants Program has expanded access to reproductive services for conflict-affected populations around the globe, yet there is great potential for further improving the quality and number of reproductive health services available to conflict-affected populations. The key to the future is capacity building – that is, more funding and technical assistance focused on helping local organizations gain the skills they need to provide sustainable services.



© Therese McGinn

Stakeholders acknowledged that the RHRC Consortium has played a key role – and been a powerful voice in – raising awareness of the need to address reproductive health for refugees and conflict-affected populations and in “keeping it on the agenda.”

*“The RHRC played a major role in getting RHR on the map.”
Kate Burns, United Nations (formerly UNHCR)*

*“The RHRC is the group that has kept reproductive health for refugees going.”
Wilma Doedens, UNFPA*

*“The RHRC really helped us think about reproductive health for refugees seriously. They were great in raising awareness and creating interest on the ground.”
Aftab Tariq Ihsan, Save the Children, Afghan Refugee Health Project, Pakistan*

*“The whole reproductive health for refugees movement has been very successful... Nothing like that existed before and there was no small degree of antipathy to overcome in both the humanitarian and development communities...it took time and effort.”
Maurice Middleberg, EngenderHealth*

*“The RHRC breaks down the walls to get people to talk about things not usually discussed – like gender-based violence, HIV/AIDS and safe motherhood in refugee settings ...While it has been a slow process, gender-based violence [as a program area] is now on the map.”
Krista House, the Mellon Foundation*

Advocacy

Advocacy efforts for reproductive health for refugees

The RHRC Consortium has played an important advocacy role in drawing attention to the long-neglected needs of persons affected by armed conflict. It has established active and ongoing alliances with key partners, and has been an active member of the 40-member Inter-agency Working Group on Reproductive Health in Refugee Situations (IAWG). The Consortium collaborated closely with IAWG to develop the first guidelines for reproductive health in refugee settings.

The RHRC Consortium provides technical expertise and advocates to promote policies to enable the provision of good quality comprehensive reproductive health in conflict-affected settings. The RHRC successfully advocated the integration of the minimum initial services package (MISP) of reproductive health activities for refugees in the 1999 revised version of the Sphere Project *Humanitarian Charter and Minimum Standards of Response*.

The RHRC Consortium website offers user-friendly access to a range of information produced by the Consortium and other partners. It provides a comprehensive set of resources on the main technical areas of reproductive health, reports on assessment and program findings in conflict-affected settings and field tools such as a field-friendly fact sheet on implementing the MISP. *RHR Basics* is a tool available on the RHRC Consortium website. Its purpose is to provide the media, the humanitarian sector, practitioners from intersecting fields and other interested parties with valuable, easily understood and factual information on reproductive health and the specific needs of vulnerable groups living in conflict-affected areas.

Documentation and Dissemination

Documentation and dissemination of information on reproductive health for refugees to the larger international community

In 2003, the RHRC Consortium published and disseminated *Gender-based Violence: Emerging Issues in Programs Serving Displaced Populations*. The document, designed for use by staff and volunteers working in conflict-affected settings, outlines key lessons learned during five years of working with GBV programs in 12 countries.

In 2003, the Consortium published *Gender-based Violence Tools Manual for Assessments and Program Design, Monitoring and Evaluation*, a comprehensive, field-friendly tools manual to guide GBV assessment and GBV program design, monitoring and evaluation. With contributions from organizations within the Consortium, as well as from the U.S. Centers for Disease Control and Prevention, WHO, the Center for Health and Gender Equity, UNHCR, UNICEF and others, the manual includes over 20 tools specifically designed to address the unique demands of GBV programming in humanitarian settings.

The Global Decade Report charts eight years of worldwide conflict and its impact on the sexual and reproductive health of those forced to flee. It provides an overview of the reproductive health status of millions of displaced people during an 18-month period. Unlike previous reports, this one highlights many of the innovative global initiatives undertaken by the RHRC Consortium in the areas of advocacy, emergency obstetrics, gender-based violence, monitoring and evaluation, small grants and training.

For a complete list of RHRC Consortium publications, visit www.rhrc.org.

PREPARING FOR THE FUTURE

“[With regard to HIV/AIDS] internal efforts need to be expanded; more at country level, including information-sharing...more coordination on the ground is needed.”

Lianne Kuppens, WHO

“We need to evaluate the impact of training, what has been done with that knowledge, can it be applied and is it sufficiently well-tailored to the populations and situations in question?”

Manuel Carballo, International Centre for Migration and Health

“There needs to be more south-south work: trying to get together a list of cadres, who have already been trained, that we can deploy to other places... We need more people out there on the ground trained in the minimum initial services package.”

Pam Delargy, UNFPA

“There are not enough people to provide TA and develop capability at the local level.”

Krista House, Mellon Foundation

After eight years of successful collaboration, the RHRC Consortium conducted an organizational assessment and strategic planning process to reflect on its achievements, strengths and areas for improvement. Some 50 interviews were conducted with key stakeholders, including staff of UN agencies, leading foundations, U.S. government agencies, RHRC Consortium member agencies, other international reproductive health organizations and NGOs based in developing countries that were recipients of Consortium small grants.

The insights gained from these interviews were used at a retreat in April 2003 to refine the RHRC's goals and explore strategies to address them more effectively. It also enabled the Consortium to review its accomplishments to date and determine ways of building upon them to create a vision for the future.

The road ahead

Although confronted by funding constraints, the group reaffirmed the purpose, value and role of the Consortium in continuing efforts to bring reproductive health programs to conflict-affected populations. Stakeholders acknowledged that the RHRC Consortium has contributed significantly to the development of tools and materials that have helped advance the field and in advocating for reproductive health to be prioritized in field programs. They emphasized the importance of focusing on field-level implementation and sustainability of reproductive health programs for conflict-affected populations by:

- ensuring that existing RHRC Consortium and other resources are used on the ground with appropriate technical support;
- seeking ways to increase technical support in the field to get reproductive health for conflict-affected populations programs implemented;
- working more closely with southern country NGOs to develop cadres of trainers to maximize capacity quickly in priority sites;
- ensuring that the MISP moves from “awareness” to implementation in both the emergency and post-emergency phases; and
- building stronger linkages with development and humanitarian NGOs and international agencies in the United States, Europe and the developing world.

RHRC Consortium future activities

Policy:

Our major advocacy efforts aim to:

- promote organizational and national policies that support reproductive health and advocate for changes in government or organizational policies that limit access to reproductive health services;
- promote adequate funding from U.S. and European donors and aid organizations for reproductive health programs for all persons affected by armed conflict.

Services:

Our service efforts aim to:

- identify, develop and disseminate best practices in reproductive health programs to increase the number of agencies institutionalizing comprehensive reproductive health in all phases of emergencies, from the initial crisis to reconstruction and development;
- establish demonstration projects that build local networks with the capacity to implement good quality reproductive health programs serving persons affected by armed conflict.

Moving forward

The RHRC Consortium is committed to moving forward to address the challenges ahead, to keep reproductive health for conflict-affected populations on the humanitarian agenda and to overcome challenges presented by the funding and the current U.S. political environments. The RHRC Consortium has been a successful model for collaboration in the past and is now well positioned to apply the Consortium model toward the achievement of its new goals for the future.

For further information about our activities, please visit our website at www.rhrc.org or contact us at info@rhrc.org

RHRC

Consortium



Columbia University
MAILMAN SCHOOL
OF PUBLIC HEALTH



JSI Research & Training Institute, Inc.



MARIE STOPES
INTERNATIONAL

