

Reproductive health is an essential component of humanitarian response

Introduction

All people, including those living in humanitarian settings, have the right to reproductive health (RH). To exercise this right, affected populations must have an enabling environment and access to comprehensive RH information and services so they can make free and informed choices.

Quality RH services must be based on the needs of the affected populations, particularly the needs of women and girls. They must respect the religious and ethical values and cultural backgrounds of the communities, while conforming to universally recognized international human rights standards.

Reproductive health care covers a wide range of services. These are defined as follows in the Programme of Action of the International Conference on Population and Development (ICPD) held in Cairo, Egypt, in September 1994:

- family-planning counselling, information, education, communication and services;
- education and services for prenatal care, safe delivery and postnatal care, and infant and women's health care;
- prevention and appropriate treatment of infertility;
- prevention of abortion and the management of the consequences of abortion;
- treatment of reproductive tract infections, sexually transmitted diseases, including HIV/AIDS;
- prevention, early detection and treatment of breast cancer and cancers of the reproductive system, and other RH conditions;
- active discouragement of harmful traditional practices, such as female genital mutilation.

Providing comprehensive, high-quality RH services requires a multisectoral, integrated approach. Protection, health, nutrition, education and community service personnel all have a part to play in planning and delivering RH services.

The best way to guarantee that RH services meet the needs of the affected population is to involve the community in every phase of the development of those services, from designing programmes to launching and maintaining them to evaluating their impact. Only then will people benefit from services specifically tailored to their needs and demands, and only then will they have a stake in the future of those services.

Introduction

The IAWG

At an Inter-agency Symposium on Reproductive Health in Refugee Situations held in Geneva, Switzerland, in June 1995, more than 50 governments, nongovernmental organizations (NGOs) and UN agencies committed themselves to strengthening reproductive health (RH) services to refugees. They formed the IAWG, the Inter-Agency Working Group on Reproductive Health in Refugee Situations, now called the Inter-Agency Working Group on Reproductive Health in Crises.

The IAFM

Following the symposium, the IAWG, in consultation with affected communities, produced, extensively field tested and eventually printed and distributed in 1999 the first edition of the Inter-agency Field Manual on Reproductive Health in Refugee Situations (IAFM or “Field Manual”). To reflect the wide application of the Manual’s principles and technical contents beyond refugee situations, it is now called the Inter-agency Field Manual on Reproductive Health in Humanitarian Settings. The Field Manual supports the delivery of quality RH services. Its objectives in humanitarian settings are to:

- outline a standard set of minimum RH interventions to be put in place as a priority;
- serve as a tool to facilitate discussion and decision-making in the planning, implementation, monitoring and evaluations of RH interventions;

- guide RH officers, RH programme managers and service providers in introducing and/or strengthening evidence-based RH interventions based on the affected population’s needs and demands and with full respect for their beliefs and values;
- advocate for a multisectoral approach to meeting the RH needs of affected populations and to foster coordination among all partners.

What is new in the IAFM, 2nd edition?

The IAWG revised and updated each of the chapters. In addition to organizational, logistics and clinical updates relevant to RH coordination and implementation of services, this edition contains a new chapter on Safe Abortion Care. It also splits the chapter on HIV and Sexually Transmitted Infections from the previous edition into two separate chapters. The chapter called Reproductive Health for Young People in the earlier edition is renamed Adolescent Reproductive Health. (Note: adolescent Reproductive health remains a relevant theme cutting across the other chapters.) The Safe Motherhood chapter is now entitled Maternal and Newborn Health to emphasize the continuum from the antenatal to postnatal periods.

The guidance in this document is current at the time of publication. The IAWG will make updated information on new technical recommendations and technologies for RH interventions available on www.iawg.net.

Who is the IAFM for?

RH officers and RH programme managers in humanitarian settings are the primary audience for the Field Manual. RH service providers (doctors, nurses, midwives, etc.) will also find useful information, although the manual does not contain detailed clinical guidance. Community-services officers, protection officers and others working to meet the needs of affected women, young people and men will also benefit from the guidance offered in this document.

Outline of the IAFM, 2nd edition

Where to Start

The Minimum Initial Service Package (MISP) for Reproductive Health in Crises is a set of priority activities to be implemented at the onset of an emergency. Comprehensive RH services must be implemented as soon as the situation permits.

Therefore, we recommend the reader to start with Chapter 1: Fundamental Principles and Chapter 2: Minimum Initial Service Package (MISP), before proceeding onto other technical chapters.

Chapter 1: Fundamental Principles lays the foundation for the subsequent technical chapters and provides the guiding principles for undertaking all RH care. The components of reproductive health described in the Field Manual are:

Chapter 2: MISP

Chapter 3: Assessment, Monitoring and Evaluation

Chapter 4: Adolescent Reproductive Health

Chapter 5: Family Planning

Chapter 6: Maternal and Newborn Health

Chapter 7: Comprehensive Abortion Care **NEW***

Chapter 8: Gender-based Violence

Chapter 9: Sexually Transmitted Infections **NEW**

Chapter 10: HIV **NEW**

** Although only the chapters marked “NEW” are completely new, ALL chapters have been updated significantly.*

As much as possible, each chapter contains stand-alone information. However, in order to avoid repetition, some of the chapters have references in the text that point to related issues in other chapters.

Technical standards included in the Field Manual are those set by the World Health Organization (WHO). The Field Manual provides programmatic direction with frequent reference to additional resource materials that can be found in the attached CD-ROM (**NEW**) and used to ensure comprehensive and reliable RH services.

Taking it further: coordination and integration

The IAFM addresses the particular needs of adolescents. Also note that the Field Manual touches upon only cervical cancer (Chapter 9). Other cancers of public health importance, such as breast and prostate cancers, also require careful attention but are not within the scope of this manual.

In addition to adequate sanitation, food, water, housing, protection and primary health care, other

types of programmes and services directly and indirectly contribute to the reproductive well-being of affected populations. These encompass:

- Social and mental health services
- Education and empowerment of women and girls
- Livelihoods and income generation
- Safe access to cooking fuel and alternative fuel sources, as well as other intersectoral activities that may reduce the risk of sexual violence.

Ensuring the reproductive health of affected populations in humanitarian settings requires that RH officers, programme managers and service providers coordinate with other services and adopt a multisectoral and integrated approach.

