

# International Women's Development Agency Recommendations for Integrating Gender Considerations into Emergency Operations

## REPRODUCTIVE HEALTH

*Among [those affected by the tsunami] are tens of thousands of pregnant and nursing women, who are especially susceptible to waterborne diseases and may require supplementary feeding, prenatal care and delivery assistance. Even in ideal circumstances, some 15 per cent of pregnant women require emergency obstetric care to avoid maternal and infant deaths. UNFPA warns that physical and psychological trauma will mean even more pregnant women in need.*

United Nations Population Fund<sup>1</sup>

### Minimum Standard<sup>2</sup>

People have access to the Minimum Initial Service Package (MISP)<sup>3</sup> to respond to their reproductive health needs.

### Gender Issues

Pregnant and lactating mothers require additional nutritional and physical care. In situations where these are not met, resulting high rates of low birth weight increases the risk of infant mortality, impaired immune function, poor cognitive development, and chronic diseases later on in adulthood. Complications during pregnancy, childbirth, and breastfeeding are often untreated due to the lack of medical and health facilities and personnel. Such complications can result in high maternal and infant mortality rates. Dangerous birthing practices and lack of access to trained midwives may result in higher death rates for women and adolescent girls, especially among adolescent girls and first-time mothers. Additionally, without birth-spacing services, refugee and displaced women are unable to avoid frequent, high-risk pregnancies in adverse conditions. High incidence of gender-based violence (GBV) also increases the risk of unwanted pregnancies as well as sexually transmitted infections (STIs).

<sup>1</sup> United Nations Population Fund, *UNFPA Assists Tsunami Victims, Warns Women and Girls are Especially Vulnerable*, 27 December 2004, <http://www.unfpa.org/news/news.cfm?ID=539>

<sup>2</sup> The Sphere Project, *Humanitarian Charter and Minimum standards in Disaster Response*, Switzerland, 2004, p288-290

<sup>3</sup> "the MISP is designed to respond to the reproductive health (RH) needs of the affected population in the early phase of disaster. The MISP is not only a set of equipment and supplies, but also a series of specific health activities. Its objectives are to identify an organisation(s) or individual(s) to facilitate its coordination and implementation; prevent and manage the consequences of gender-based violence; reduce HIV transmission; prevent excess neonatal and maternal mortality and morbidity; and plan for the provision of comprehensive RH services." The Sphere Project, p289

## **Recommendations**

- The role that women play in maintaining their own health and welfare must should be encouraged and supported.
- Women's organisations can play an important role in the design, delivery and monitoring of reproductive health care.
- Information should be disseminated throughout the refugee community on the prevention, management and consequences of GBV.
- The refugee community should be educated in how to avoid the risk of contracting STIs.
- Women should have access to trained health staff, including gynaecologists, midwives, and traditional birth attendants when giving birth.
- Camp staff, and particularly health workers, should be aware of the cultural and religious needs of pregnant women.
- Women health workers should be made available to all women.
- Extra support is required for those who are pregnant as a result of rape in carrying and raising this child.
- Reproductive health services must be available in an accessible and safe location.
- Women must be made aware of available services.
- Reproductive health services must be available at times that take in to consideration women's multiple roles.
- Traditional birth attendants should be utilised where possible.
- Programs should be developed for the recruitment and training of refugee women as reproductive health workers.
- Emergency obstetric care should be available in all camps.
- A good contraceptive supply system should be implemented and made available to women.
- Reproductive health care services must be culturally appropriate.
- In situations where abortions are occurring, this service should be incorporated into the reproductive health care services.
- Delivery kits should be made available to women.
- The MISP, and trained staff to implement it, should be a priority in refugee health care.
- Gender sensitive information on family planning practices should be made available to both women and men.
- It is particularly important to ensure that adolescent girls are educated about STIs.
- STI awareness for all refugees and IDPs is critical.

***Lessons Learned: Programs for Adolescents: Reproductive Health Merit Badge for Scouts***

*To address the unique health needs of adolescent refugees, the World Association of Girl Guides and Girl Scouts (WAGGGS) and FHI developed a comprehensive training and peer education project. The Health of Adolescent Refugees Project (HARP) allows young women to earn a merit badge by completing a series of activities that include teaching others about reproductive health. A two-year pilot project in Uganda, Zambia and Egypt, financed by the United Nations Population Fund, concluded in 2000, and an evaluation by FHI found the program was successful in improving young girls' use of health-care services and their self-esteem. Using local funding, scouts continue to earn the badge in each of the three countries.*

Family Health International<sup>4</sup>

**Key Documents**

- Reproductive Health Outlook, *Refugee Reproductive Health*, [http://www.rho.org/html/refugee\\_overview.htm](http://www.rho.org/html/refugee_overview.htm)
- Lindsey, Charlotte, *Women Facing War*, International Committee of the Red Cross, Geneva, 2001
- United Nations, *Women Peace and Security*, 2002
- UNHCR, *Guidelines on the Protection of Refugee Women*, Geneva, 1991
- UNHCR, *Sexual and Gender-Based Violence Against Refugees, Returnees and Internally Displaced Persons: Guidelines for Prevention and Response*, May 2003
- Women and Global Human Rights, *Refugee and Displaced Women: The Need for Recognition*, <http://www.webster.edu/~woolfm/refugee.html>

<sup>4</sup> Family Health International, Network: 2000, Vol. 20, No. 3, [http://www.fhi.org/en/RH/Pubs/Network/v20\\_3/NWvol20-3girlscts.htm](http://www.fhi.org/en/RH/Pubs/Network/v20_3/NWvol20-3girlscts.htm)