Challenges of delivering reproductive health services to forced displaced populations

Natania Varshney

N Varshney¹, S Budhathoki², M Omar³ ¹Imperial College London, London, UK ²School of Public Health, Imperial College London, London, UK ³Chelsea and Westminster NHS Trust, London, UK Contact: nv4717@ic.ac.uk

Background:

Of the 80 million forced displaced persons worldwide, women and children bear greater morbidity and mortality, especially in conflict-affected regions. This is due to disruption in health service provision, breakdown of social institutions and increase in sexual and gender-based violence. Reproductive health (RH) service delivery as part of humanitarian health cluster services is outlined in the Minimum Initial Service Package (MISP). This study explores the challenges of delivering RH services to forced-displaced populations, focussing on field level stakeholders in humanitarian settings.

Methods.

Qualitative semi-structured interviews were conducted with stakeholders from non-governmental and United Nations agencies involved in delivering RH services to conflict-affected populations. Additionally, a scoping review, using the Arksey and O'Malley framework, of the literature was also conducted reviewing challenges of delivering RH programmes to women in forced displaced populations. An inductive and deductive thematic approach was used in data analysis.

Results:

Eleven key informants (KIs) were interviewed from six conflict-affected countries including Syria, Afghanistan and Libya. Main emerging themes were: 1. Poor awareness of international guidelines (including the MISP) 2. Service provision barriers including lack of human resources 3. Attitudes towards SRH and women's rights 4. Disruption of health services due to COVID-19.

Conclusions:

This study has highlighted the main challenges that the humanitarian actors delivering RH programmes in conflictaffected settings face. Implementation of international guidelines remains a key barrier. Key policy recommendations would be to standardise training for all RH providers, prioritise training in the MISP and address cultural attitudes towards RH. Further research exploring the use of WHO's essential medicines for RH and the long-term impact of COVID-19 on forced displaced females needs to be conducted. Key messages:

- Providing basic essential reproductive health services to conflict affected populations remains a challenge, including implementation of standardised international guidance through the MISP.
- One key policy recommendation would be to prioritise training in MISP for conflict-affected humanitarian settings to ensure it is offered as part of the essential package.