

May 2012

EMERGENCY CONTRACEPTION FOR CRISIS SETTINGS: KEY RESOURCES

This document highlights resources – including websites, technical guidelines, and articles – that provide information on the provision of EC in crisis-settings, including for refugee and internally displaced persons (IDP) populations.

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I. Websites

1. **Women's Refugee Commission** - <http://womensrefugeecommission.org/>

The Women's Refugee Commission advocates for laws, policies and programs to improve the lives and protect the rights of refugee and internally displaced women, children and young people, including those seeking asylum—bringing about lasting, measurable change.

Tools and Guidelines that have information about EC can be found on their website: <http://womensrefugeecommission.org/programs/gender-based-violence>

Click on the documents below for further details:

- [*Emergency Contraception for Conflict Affected Settings*](#)
- [*Reproductive Health in Humanitarian Settings: An Inter-agency Field Manual*](#)
- [*Inter-Agency Standing Committee's Guidelines for Gender-Based Violence Interventions in Humanitarian Settings*](#)
- [*Minimal Initial Service Package \(MISP\) for Reproductive Health in Crisis Situations*](#)
- [*Gender Handbook in Humanitarian Action*](#)
- [*Handbook for the Protection of Women and Girls \(with UNHCR\)*](#)
- [*A Statement on Family Planning for Women and Girls as a Life-saving Intervention in Humanitarian Settings*](#)

NOTE: Their website also contains several individual country baseline studies on family planning in refugee settings, including South Sudan, Burmese refugees in Malaysia, and Somali refugees in Djibouti.

2. Reproductive Health Response in Crisis (RHRC) Consortium <http://www.rhrc.org/>

The RHRC Consortium is dedicated to the promotion of reproductive health for all persons affected by humanitarian crises. The RHRC Consortium promotes sustained access to comprehensive, high quality RH programs in emergencies and advocates for policies that support RH of persons affected by armed conflict. Member agencies include: American Refugee Committee, CARE, Heilbrunn Department of Population and Family Health at Columbia University's Mailman School of Public Health, International Rescue Committee, JSI Research & Training Institute, Marie Stopes International, and Women's Refugee Commission.

There is a section of their website dedicated to Statistics and Key Messages on EC, including:

- Key Messages: http://www.rhrc.org/rhr_basics/eckeymessages.html
- Overview: http://www.rhrc.org/rhr_basics/ecoverview.html
- Facts & Statistics: http://www.rhrc.org/rhr_basics/ecfacts.html
- Stories from the Field: http://www.rhrc.org/rhr_basics/eccasestudies.html

Their website also includes provides a list of guidelines and tools that were developed by other organizations: [http://www.rhrc.org/resources/index.cfm?type=guidelines.](http://www.rhrc.org/resources/index.cfm?type=guidelines;); many of these resources can also be found on the WRC website.

3. Reproductive Health Access, Information and Services in Emergencies (RAISE) <http://www.raiseinitiative.org/home/>

Developed by Columbia University's Heilbrunn Department of Population and Family Health in the Mailman School of Public Health and Marie Stopes International (MSI), the RAISE Initiative aims to address the full range of RH needs for refugees and internally displaced persons (IDPs) by building partnerships with humanitarian and development agencies, governments, United Nations (UN) bodies, advocacy agencies and academic institutions. The website gives a description of each of their country projects, has a library database of related material, and compiles relevant publications and resources for advocacy.

4. Sexual Violence Research Initiative (SVRI) <http://www.svri.org/index.htm>

SVRI is a global research initiative that aims to promote priority driven, good quality research in the area of sexual violence, particularly in developing countries. It consists of a network of researchers, policy makers, activists, and donors that believe that prevention and service provision must be informed by sound research and evidence.

One of the sections of the website compiles research on sexual violence in conflict settings. It includes recent news items, Research Reports, Academic Journal Articles, and Links to relevant documents. <http://www.svri.org/emergencies.htm>

5. What Works for Women & Girls, Addressing Violence Against Women

<http://www.whatworksforwomen.org/chapters/21/sections/59/evidence>

This website provides strategies and evidence on a full range of gender-sensitive programming for women and girls.

II. Fact Sheets & Policy Statements

1. **Title:** Emergency Contraception in War Zones

Location:

http://www.womensrefugeecommission.org/component/docman/doc_download/363-primer-emergency-contraception-in-war-zones-primer-emergency-contraception-in-war-zones

Developed by: Women's Refugee Commission

Year: N/A

Purpose: Short, two-page fact sheet with very basic EC information

Target audience: General population, US based

Additional information: The document provides an overview of what EC is and explains why it is important for women affected by conflict to have access. It also gives suggestions on what should be done to increase EC access in war zones, and how an individual can learn more and take action.

2. There are several two-page fact sheets on Reproductive Health in Displaced Settings on the RHRC Consortium website. http://www.rhrc.org/rhr_basics/factsheet.html

i) **Title:** RAISE Fact Sheet: Family Planning

Location: http://www.raiseinitiative.org/library/pdf/fs_familyplan.pdf

Developed by: RAISE Initiative

Year: N/A

Purpose: Explaining the issues within a context of crisis settings

Target audience: Humanitarian agencies, donors, general population

Additional information: Under the 'Priorities for Action' section, EC is listed as a necessary intervention in emergencies.

ii) **Title:** RAISE Fact Sheet: Gender-Based Violence

Location: http://www.raiseinitiative.org/library/pdf/fs_gbv.pdf

Developed by: RAISE Initiative

Year: N/A

Purpose: Explaining the issue within a context of crisis settings

Target audience: Humanitarian agencies, donors, general population

Additional information: Under the 'Priorities for Action' section, EC to prevent pregnancy is included as appropriate care for GBV survivors

3. **Title:** Minimum Initial Service Package (MISP) for Reproductive Health

Location:

<http://misp.rhrc.org/archive/pdf/cheat%20sheet/MISP%20cheat%20sheet%20rev.04%202010.pdf>

Developed by: Women's Refugee Commission

Year: 2006

Purpose: A short 2-page "MISP Cheat Sheet" which summarizes the objectives on the first page and gives a basic overview of the subject areas. It also gives information on the reproductive health kits available from UNFPA for organizations providing services in

crisis settings; these kits contain essential supplies and equipment. There is information on how to order the kits, and other resources.

Target audience: Humanitarian actors

Additional information: The Minimum Initial Service Package (MISP) for Reproductive Health is a priority set of life-saving activities to be implemented at the onset of every humanitarian crisis. It forms the starting point for sexual and reproductive health programming and should be sustained and built upon with comprehensive sexual and reproductive health services throughout protracted crises and recovery. This is taken directly from a fact sheet on the WRC website titled "What is the MISP and why is it important?" (2009).

Supplies and equipment needed for providing reproductive health services for refugee and war-affected persons are available from UNFPA

4. **Title:** Governments Worldwide Put Emergency Contraception into Women's Hands: A GLOBAL REVIEW OF LAWS AND POLICIES

Location:

http://reproductiverights.org/sites/crr.civicaactions.net/files/documents/pub_bp_govtswwe_c_0.pdf

Developed by: Center for Reproductive Rights

Year: 2004

Purpose: The briefing paper examines government initiatives worldwide aimed at making EC more accessible (registering EC products, making EC available over the counter, and ensuring that EC is available to women at greatest risk of unwanted pregnancy, including rape survivors and adolescents).

Target audience: general population, law/policy makers, governments

Additional information: In Section C of the document (*Governments Should Make Emergency Contraception Provision a Standard Component of Care for Rape Survivors*), there is a paragraph which outlines the policies that focus on EC provision for refugees, citing the UNHCR document *Clinical Management of Survivors of Rape: A Guide to the Development of Protocols for Use in Refugee and Internally Displaced Person Situations* (included below in Tools & Guidelines section). It also references the UNHCR's *Sexual and Gender-Based Violence against Refugees, Returnees and Internally Displaced Persons: Guidelines for Prevention* (included below in Tools & Guidelines section). All of these documents include providing EC pills for care following rape. Additionally, the document mentions that UNFPA provides EC in emergency reproductive health kits given to refugees and women who are rape victims in camps

5. **Title:** A Statement on Family Planning for Women and Girls as a Life-saving Intervention in Humanitarian Settings

Location: http://iawg.net/IAWG_%20FP%20Statement_Final.pdf

Developed by: Inter-Agency Working Group

Year: 2010

Purpose: This 4-page document outlines why family planning in humanitarian settings is important. It explains how family planning is part of an individual's reproductive rights, how it contributes to achieving the Millennium Development Goals, how it contributes to early recovery, post-crisis development, and economic stability. Gives recommendations on the action that should be taken by governments, donors, and implementing agencies (humanitarian & government).

Target audience: Governments, donors, implementing agencies

Additional information: EC is highlighted in the context of how important it is to “make contraceptive methods, such as condoms, pills, injectables, emergency contraceptive pills and intrauterine devices (IUDs) available to meet demand.” EC is also mentioned in the context of having comprehensive contraceptive services available in order to meet the demand in a humanitarian setting. It is also mentioned in the section as necessary for preventing unwanted or unintended pregnancy and unsafe abortion.

III. Tools & Guidelines

** The first document is the most comprehensive resource on EC in crisis situations. The rest of the tools are listed in chronological order, with the most recent first.

- 1. Title:** Emergency Contraception for Conflict-Affected Settings: A Reproductive Health Response in Conflict Consortium – Distance Learning Module
Location: http://www.rhrc.org/resources/general_fieldtools/er_contraception/ec_brochure_english.pdf
Developed by: Women’s Refugee Commission, on behalf of the RHRC Consortium
Year: 2004
Purpose: To meet the need for increased awareness and knowledge about EC among health service providers working with refugee and internally displaced populations
Target audience: Providers working in conflict-affected situations, including family planning staff, community health workers, health educators, counselors, trainers, program managers, nurses, doctors, midwives, other health personnel working in conflict affected settings. It can also be used by protection officers, NGO and government authorities, and humanitarian partners.
Additional information: The module outlines several important objectives: to define EC, explain how the method works, explain the distinction between EC and abortion, list reasons why displaced women and girls of reproductive age may need EC, describe appropriate use, list possible side effects, list precautions and considerations, describe the role of counseling around issue of family planning, GBV, and STIs/HIV, and knowledge of where to access other EC resources. Chapter 4 (pg.16) is all about EC service delivery in conflict affected settings. This includes providing the right information in advocacy efforts and having effective outreach, the screening protocol, information about counseling, where to order EC supplies, and instructions on follow-up care. It also includes sections on frequently asked questions, EC service delivery scenarios and a pots-test. The updated 2008 distance learning module is available in English and French.
- 2. Title:** Inter-Agency Reproductive Health Kits for Crisis Situations
Location: <http://www.rhrc.org/resources/rhrkit.pdf>
Developed by: Inter-Agency Working Group (IAWG) on Reproductive Health in Refugee Situations
Year: 2011, 5th edition
Purpose: Comprehensive guide on the essential drugs, equipment and supplies to implement the MISAP that have been assembled into a set of specially designed prepackaged kits (the Inter-Agency Reproductive Health Kits) The kits complement the objectives laid out in *Reproductive Health in Humanitarian Settings: An Inter-agency*

Field Manual. These kits are intended to speed up the provision of appropriate reproductive health services in emergency and refugee situations

Target audience: Humanitarian agencies.

Additional information: As this is a document that is constantly being modified/improved, there have been major changes since the 4th addition. 2 kits have been combined to form Kit 3: Post rape treatment, which gives all survivors a comprehensive package of post-rape care, including STI presumptive treatment, emergency contraception and PEP for HIV prevention, when appropriate. Pg 17 of the document lists the contents of Kit 3. Includes both 55 packets of Levonorgestrel tablets, and EC patient information leaflets. Kit 4: Oral and Injectable Contraception, also contains EC (around 60 packets of Levonorgestrel tablets) for women who may require it

3. **Title:** Reproductive Health in Humanitarian Settings: An Inter-agency Field Manual

Location: http://www.iawg.net/resources/field_manual.html

Developed by: [Inter-Agency Working Group on Reproductive Health in Crisis](#)

Year: 2010

Purpose: Updated from the original 1996 version provides guidance on reproductive health interventions in humanitarian settings. Includes information on implementing the Minimum Initial Service Package, new guidance on HIV programming, additional chapters on post-abortion care, emphasis on M&E and adolescent reproductive health, and human rights/legal considerations integrated in each of the of the chapters. Based on technical guidance of the WHO, and reflects the best practices documented in crisis setting around the world.

Target audience: Reproductive Health Officers and Reproductive Health Program Managers in humanitarian settings. Also can guide Reproductive Health service providers, community service officers, protection officers

Additional information: Information on EC is included in the following chapters: Chapter 2- Minimum Initial Service Package, Chapter 5- Family Planning, Chapter 8- Gender-based Violence

- Chapter 2: One of the main objectives of the MISP is to prevent and manage the consequence of sexual violence. This involves making clinical care available for survivors of rape (pgs. 25-29).
- Chapter 5: Outlines the various contraceptive methods available for family planning, including EC (pgs. 116-117).
- Chapter 8: References for clinical management of survivors of GBV

4. **Title:** IEC Materials for Communities

Location: <http://www.rhrc.org/iec/f.html>

Developed by: Women's Refugee Commission

Purpose: "Universal" and adaptable information, education, communication materials on when to take emergency contraception.

Target audience: Community members

Additional information: Universal and adaptable IEC templates are also available for survivors of sexual assault. The templates are available for health program staff to inform communities on the benefits of seeking care and where to access services.

5. **Title:** Post-Rape Care Checklist for Women, Men and Children

Location: <http://www.iawg.net/resources/jobaids.html#postrape>

Developed by: PATH and UNFPA

Year: 2010

Purpose: Job aid to improve the correct use of reproductive health technologies in crisis settings. These job aids will be included in the Interagency Reproductive Health Kits for Emergency Situations by the end of 2010. Health workers who use these kits reported that certain technologies are underutilized because health workers do not know how to use them properly or community members are unaware of their importance. The job aids aim to provide clear and simple guidance on how to provide post-rape care for adults and children.

Target/Audience: Health care providers

Additional information: The job aids are provided ready to print and use with English text, or with the relevant spaces left blank for you to add the appropriate text in your own or the local language(s) (note: while it may be helpful to provide multiple language versions of the job aids, it is not advise that you include several languages on a single copy of the posters).

6. **Title:** Caring for Survivors of Sexual Violence in Emergencies Training Pack

Location: The training guide and manuals are located on the RHRC website.

<http://www.rhrc.org/resources/index.cfm?sector=gbv#209>

Developed by: Inter-Agency Standing Committee, Gender-based Violence Area of Responsibility Working Group

Year: 2010

Purpose: Provides information and skill development in various aspects related to communication and engagement with sexual violence survivors in conflict-affected countries or complex emergencies.

Target audience: Is designed for professional health care providers such as physicians, health workers as well as for members of the legal profession, police, women's groups and other concerned community members, such as community workers, teachers and religious workers. Some of the participants in this training will directly serve adults and children who have been raped. They will offer medical or psychosocial support, help survivors to seek justice or ensure their protection. Other participants will help bring together support groups or receive disclosures of sexual violence in their communities

Additional information: The document is focused on medical treatment, mentions reviewing national treatment protocols for EC provision (there is also a psychosocial module). The facilitator manual, participant manual, powerpoints, and additional handouts can all be found on the RHRC Consortium website.

7. **Title:** Handbook for Coordinating Gender-based violence interventions in Humanitarian Settings

Location:<http://onerresponse.info/GlobalClusters/Protection/GBV/publicdocuments/GBV%20Handbook%20Long%20Version%5b1%5d.pdf>

Developed by: Family Health International, RHRC Consortium, IRC

Year: 2010

Purpose: The manual covers the basics of GBV, engagement strategies for working with GBV survivors, service provider responsibilities, community referrals, methods to support service providers, and the evaluation process

Target audience: For service providers attending to gender-based-violence (GBV) survivors

Additional information: On pg 191. Beginning of the section, Health Sector: GBV Key Actions – provision of EC is under the section “Provide compassionate and confidential treatment.” It is also listed on the Checklist of Supplies.

- 8. Title:** Report of the FIGO Working Group on Sexual Violence/HIV: Guidelines for the management of female survivors of sexual assault
Location: Is a journal article in the *International Journal of Gynecology and Obstetrics*, 109: 85-92.
Developed by: Ruxana J, et al. FIGO Working Group
Year: 2010
Purpose/target audience: For health care professionals. To review the evidence and provide guidelines on the management of sexual violence against women, specifically, rape. Outcomes evaluated include effectiveness of post-rape care provision.
Additional information: EC is mentioned in the recommendations section.
- 9. Title:** Adolescent Sexual and Reproductive Health Toolkit for Humanitarian Settings
Location: <http://www.unfpa.org/public/publications/pid/4169>
Developed by: UNFPA and Save the Children
Year: 2009
Purpose/target audience: This document is a companion to the Inter-Agency Field Manual on Reproductive Health in Humanitarian Settings
Additional information: Adolescents that are living in crisis situations fall into a “high-risk” subgroup (especially girls). On pg. 30, under the section: *Adolescent-friendly services*, the clinical care for sexual assault survivors should be based on WHO/UNHCR *Clinical Management of Rape Survivors* guidelines—EC is included in these. On pg 39, there is a section that describes the MISP: Adolescents and Family Planning Fact Sheet, which includes very general background information about Emergency Contraception.
- 10. Title:** SPRINT Facilitator’s Manual
Location: <http://www.ipfeseaor.org/en/Resources/Publications/SPRINTFacilitatorsManual.htm>
Developed by: The Sexual and Reproductive Health Programme in Crisis and Post-Crisis Situations in East, Southeast Asia and the Pacific (SPRINT)
Year: 2009
Purpose: A facilitator's manual on priority sexual and reproductive health (SHR) services in humanitarian emergencies, including prevention and response to sexual violence
Target audience: It can be used by persons from agencies, organizations or governments who provide training on SRH in crises and emergencies and who are familiar with the concepts.
Additional information: Part 1 Is a training manual for implementing MISP, which includes EC provision. Also provides information on the clinical care of victims who are children (EC important even for pre-pubertal girls) Part 2 is about the general family planning response in an emergency, and also mentions EC use.
- 11. Title:** Clinical Care for Sexual Assault Survivors: Facilitator’s Guide. A multi-media training tool
Location: <http://clinicalcare.rhrc.org/docs/facguide.pdf>
Developed by: International Rescue Committee, University of California- Los Angeles
Year: 2008
Purpose: To improve clinical care for and general treatment of sexual assault survivors by providing medical instruction and encouraging competent, compassionate, confidential care. This material comes with a DVD, so not very helpful without the audio/video, mostly facilitator notes

Target audience: Intended for clinical care providers and non-clinician health facility staff (meant to be delivered in a group setting with facilitators guiding the discussion)
Additional information: Section 3d: Treatment and Disease Prevention, describes the correct provision of EC.

12. Title: Handbook for the Protection of Women and Girls

Location: <http://www.unhcr.org/refworld/pdfid/47cfc2962.pdf>

Developed by: UNHCR

Year: 2008

Purpose: Designed to promote gender equality by using a rights- and community-based approach, by mainstreaming age, gender and diversity, and through targeted actions to empower women and girls in the civil, political and economic sectors. The handbook is tool that “describes the protection challenges faced by refugee women and ways of resolving them.”

Target audience: Handbook for UNHCR staff and partner organizations in the field

Additional information: Sections to focus on- 5.3.1 (pg.199) Sexual and gender based violence (SGBV), specifically Responding to and preventing SGBV and Section 5.5 Health (pg.267), specifically Reproductive Health. Does not specifically mention EC, but provides several other resources.

13. Title: Reproductive Health Assessment Toolkit for Conflict-Affected Women

Location: <http://www.cdc.gov/reproductivehealth/Global/CrisisSituations.htm>

Developed by: CDC

Year: 2007

Purpose: Assessing RH needs of a population requires gathering information and technical knowledge about how to conduct a survey. The *Toolkit* includes sampling instructions, training manual, questionnaire, data entry program, analysis guide, and suggestions for data use. It allows field staff to collect data to inform program planning, monitoring, evaluation, and advocacy. Information can be gathered about safe motherhood, family planning, sexual history, STIs, HIV/AIDS, GBV, and female genital cutting..

Target audience: intended for organizations such as government, non-governmental, and United Nations agencies that provide or are interested in providing reproductive health services to conflict-affected women. Field staff who use this *Toolkit* should be familiar with survey work, but it is designed to be used by staff with limited survey skills.

Additional information: The questionnaire and assessment tools have been updated in 2011. The Family Planning Section refers to EC in the questions pertaining to “Awareness, Ever Use, and Problems with Family Planning.”

14. Title: Gender Handbook in Humanitarian Action

Location:

[http://www.humanitarianinfo.org/iasc/documents/subsidi/tf_gender/IASC%20Gender%20Handbook%20\(Feb%202007\).pdf](http://www.humanitarianinfo.org/iasc/documents/subsidi/tf_gender/IASC%20Gender%20Handbook%20(Feb%202007).pdf)

Developed by: Inter-Agency Standing Committee

Year: 2006

Purpose: To improve gender equality programming in humanitarian action

Target audience: Field practitioners responding to humanitarian emergencies, also to assist donors in holding humanitarian actors accountable for integrating gender perspectives and promoting equality

Additional information: Pg. 77 “Gender and Health in Emergencies” Under the section on ‘Provision of health services,’ includes guidelines on using the MISIP, and the distribution of emergency health kits that include EC.

- 15. Title:** Inter-agency Standing Committee Guidelines for Gender-Based Violence Interventions in Humanitarian Settings Focusing on Prevention of and Response to Sexual Violence in Emergencies
Location: http://www.rhrc.org/resources/gbv/GBV_guidelines_Eng_09_13_05.pdf (full pdf)
http://humanitarianinfo.org/iasc/pageloader.aspx?page=content-subsi-tf_gender-gbv (separate chapters from IASC website)
Developed by: Various collaborators from the Inter-agency Standing Committee
Year: 2005
Purpose: To enable humanitarian actors and communities to plan, establish, and coordinate a set of minimum multisectoral interventions to prevent and respond to sexual violence during the early phase of an emergency.
Target audience: Designed for humanitarian organizations, including UN agencies, NGOs, community based organizations, and gov’t authorities working in emergency settings
Additional information: Pg 67. (Action Sheet 8.2) This section gives information on providing sexual related health services. Provision of EC is recommended in the treatment bullet point under *Key Action*. EC is also listed in the checklist of supplies on pg. 68.
- 16. Title:** Clinical Management of Rape Survivors: Developing Protocols for use with Refugees and Internally Displaced Persons
Location: http://www.rhrc.org/resources/Clinical_Management_2005_rev.pdf
Developed by: WHO, UNHCR
Year: 2004
Purpose/target audience: Provides guidance to health care providers for medical management after rape of women, men, and children. Designed to assist qualified health care providers (medical co-ordinators, medical doctors, clinical officers, midwives, and nurses) to develop protocols for the management of rape survivors, based on available resources, materials, drugs, and national policies and procedures. Managers and trainers of health care services can also benefit, as they may use the guide to plan for survivor care and train health care providers accordingly
Additional information: EC is mentioned throughout the clinical management steps (Step1: Making preparation to offer medical care to rape survivors, Step 6: Prescribing treatment, etc.) Also, Annex 11 is the ‘Protocols for Emergency Contraception.’
- 17. Title:** Sexual and gender-based violence against refugees, returnees and internally displaced persons: guidelines for prevention and response
Location: http://repository.forcedmigration.org/show_metadata.jsp?pid=fmo:3691
Developed by: UNHCR
Year: 2003
Purpose: These Guidelines offer practical advice on how to design strategies and carry out activities aimed at preventing and responding to sexual and gender-based violence. They also contain information on basic health, legal, security and human rights issues relevant to those strategies and activities.

Target audience: Intended for use by UNHCR staff and members of operational partners involved in protection and assistance activities for refugees and the internally displaced. They have been tested in 32 countries around the world with the participation of more than 60 partners.

Additional information: Appendix 4 is a Medical History and Examination Form, which includes EC in the treatments section.

IV. Journal Articles

There is a library on the [Reproductive Health Access, Information and Services in Emergencies \(RAISE\) website](#) where related manuals, reports, articles, book chapters, and conference material can be accessed.

1. Casey, SE. et al. (2011). Care-seeking behavior by survivors of sexual assault in the Democratic Republic of the Congo. *American Journal of Public Health, 101* (6): 1054-1055.
In February 2008, trained female interviewers collected data on sexual violence and use of medical services following sexual assault from 607 women in the Democratic Republic of the Congo (DRC). Exposure to sexual violence during the DRC's civil war was reported by 17.8% of the women; 4.8% of the women reported exposure to sexual violence after the war. Few sexual-assault survivors accessed timely medical care. Facility assessments showed that this care was rarely available. Clinical care for sexual-assault survivors must be integrated into primary health care for DRC women.
2. McGinn, T. (2009). Barriers to reproductive health and access to other medical services in situations of conflict and migration. *Women, Migration, and Conflict*. 129- 143. (Book Chapter) People living in situations of conflict and forced migration do not receive the healthcare they need and want, and to which they have a right. There are many factors contributing to this lack of adequate care. The purpose of this paper is to examine these factors, using reproductive health care as the lens through which barriers to providing and using health care are reviewed.
3. Austin, J. Guy, S. Lee-Jones, L. McGinn, T. Schlechte, J. (2008). Reproductive health: a right for refugees and internally displaced persons. *Reproductive Health Matters, 16* (31): 10-21.
NOTE: While it contains no specific references to EC, this article provides an overview of the 5-year RAISE Initiative that brought together UN agencies and NGOs in the development and relief fields to work together on reproductive health provision in crises. Based on the experiences of these groups, priorities for reproductive health in crises have been identified and there have been collaborative efforts to ensure service delivery, plan advocacy campaigns, and invest in clinical training and research. It has also been a priority to make sure that reproductive health is not excluded from the current "cluster" approach, which aims to enhance coordination and collaboration among humanitarian actors in the field. It also includes sections on family planning, maternal health and STI/HIV-related needs of refugees and IDPs, gender-based violence, special needs of adolescents and remaining gaps.
4. Roberts B, Guy S, Sondorp E, et al. (2008). A basic package of health services in post-conflict countries – implications for reproductive health. *Reproductive Health Matters, 16* (31): 57-64.

The article gives an overview of the health service infrastructure in post-conflict countries, centering on the challenges faced by providing quality reproductive health. The approach outlined here is the joint effort by the country government and international donors to contract NGOs to provide a *Basic Package of Health Services (BPHS)* for the country's population, with an aim to scale-up these services quickly. While this package provides a significant increase in the sexual and reproductive health services offered in these regions (for example, Afghanistan and South Sudan), there is still a major lack in services addressing sexual and gender-based violence. Evidence shows the high rates of this type of violence during and after conflict, yet it is not sufficiently addressed.

5. Chynoweth, SK. (2008). The need for priority reproductive health services for displaced Iraqi women and girls. *Reproductive Health Matters*, 16 (31): 93-102.
Disregarding reproductive health in situations of conflict or natural disaster has serious consequences, particularly for women and girls affected by the emergency. In an effort to protect the health and save the lives of women and girls in crises, international standards for five priority reproductive health activities that must be implemented at the onset of an emergency have been established for humanitarian actors: humanitarian coordination, prevention of and response to sexual violence, minimisation of HIV transmission, reduction of maternal and neonatal death and disability, and planning for comprehensive reproductive health services. The extent of implementation of these essential activities is explored in this paper in the context of refugees in Jordan fleeing the war in Iraq. Significant gaps in each area exist, particularly coordination and prevention of sexual violence and care for survivors. Recommendations for those responding to this crisis include designating a focal point to coordinate implementation of priority reproductive health services, preventing sexual exploitation and providing clinical care for survivors of sexual violence, providing emergency obstetric care for all refugees, including a 24-hour referral system, ensuring adherence to standards to prevent HIV transmission, making condoms free and available, and planning for comprehensive reproductive health services.
6. N. Howard et al. Reproductive health services for refugees by refugees in Guinea I: family planning (2008). *Conflict and Health*
<http://www.biomedcentral.com/content/pdf/1752-1505-2-12.pdf>
Comprehensive studies of family planning (FP) in refugee camps are relatively uncommon. This paper examines gender and age differences in family planning knowledge, attitudes, and practices among Sierra Leonean and Liberian refugees living in Guinea
7. Jewkes R. (2007). Comprehensive response to rape needed in conflict settings. *Lancet*, 369 (9580): 2140-41.
An article in the *Lancet* found that there is insufficient data to support the argument that conflict/forced displacement increases HIV prevalence. The findings emphasize that post-rape services need to be integrated in the comprehensive sexual and reproductive health-care services, rather than overly focusing on prevention of HIV infection. Post-rape care is not ideal in refugee settings, and needs to be responsive to the survivors' needs (prevention/termination of pregnancy, treatment for STIs, psychological support, treatment for injuries including reconstructive surgery)

8. Morrison, V. (2000). Contraceptive need among Cambodian refugees in Khao Phlu camp. *International Family Planning Perspectives*, 26 (4): 188.
This was a study on the contraceptive knowledge, beliefs, and practices of women living in the Khao Phlu refugee camp in Thailand. Also, interviews with midwives, and focus groups with married males and traditional birth attendants in the camps were conducted. The results focused on a broad range of contraceptive methods and reproductive health in general. Before the study began, there were reports of unmet contraceptive need by women in the camps, and almost no women had received emergency contraception. There was a special interest in examining the barriers to EC, because of the problem of sexual and gender-based violence faced by married Cambodian women. Focusing specifically on EC, the women were asked about knowledge and use of EC, and midwives were asked who they would consider an appropriate candidate for EC. None of the women were familiar with EC, but the majority (98%) expressed interest in seeing this option available at the camp. Although the women unanimously felt that it was acceptable in cases of rape, most had reservations when it came to allowing access to younger or unmarried women.

V. Country Program Reports

- Comprehensive Responses to Gender Based Violence in Low-Resource Settings: Lessons Learned from Implementation, Lusaka, Zambia (2010). Keesbury J and Askew I, *Population Council*. This document reviews the findings, lessons learned, and promising practices in the provision of comprehensive gender-based violence (GBV) services in Zambia.

PEPFAR Special Initiative on Gender-Based Violence: A Baseline Report (2009). *USAID*. The PEPFAR Special Initiative on Sexual and Gender-Based Violence aims to strengthen care for survivors of sexual violence (SV) in 18 pilot sites in Uganda and Rwanda. This report contains results of the baseline assessment conducted between September and November 2009 in eight facilities in Rwanda and nine facilities in Uganda. A poster presentation which highlights the results of the baseline assessment can be found here:

Health Care Providers in Uganda and Rwanda are Knowledgeable about Sexual Violence and HIV, but Few are Equipped to Provide Comprehensive Services (2010). Keesbury J and Elson L. *USAID*. <http://www.svri.org/healthcareproviders.pdf>
- The Refentse Model for Post-Rape Care: Strengthening Sexual Assault Care and HIV Post-Exposure Prophylaxis in a District Hospital in Rural South Africa (2009). http://www.popcouncil.org/pdfs/frontiers/FR_FinalReports/SouthAfrica_RADAR.pdf
- The Copperbelt Model of Integrated Care for Survivors of Rape and Defilement. (2008). *Population Council*. From 2005–2008, the Zambian Ministry of Home Affairs (Police Service), Ministry of Health (MOH) and Population Council collaborated on an operations research study designed to improve services for survivors of gender-based violence (GBV). Specifically, the study tested the feasibility of police provision of emergency contraception (EC).

- Caring for Survivors of Sexual Assault and Rape: A training programme for health care providers in South Africa (2007). *Department of Health, South Africa.* A power point presentation from a training programme for health care providers in South Africa. This presentation is focused on Prevention and Management of Pregnancy after Rape (Module 3, Session 3.2).