

**Title:** Reproductive Health Services and Needs of Refugees Women in Compounded Crises: A Qualitative Study

**Introduction:** The number of new refugees and internally displaced persons (IDPs) grows around the world each year. When the United Nations Refugee Agency (UNHCR) began reporting annual numbers of forcibly displaced individuals in 1951, they totaled 2,116,011. At the end of 2020, the number had grown to 89,281,133, an increase of over 4,000%.<sup>i</sup> Between 2015 and 2020 alone, the number grew by 25 million individuals.<sup>ii</sup> These numbers are likely underestimates, not overestimates. Not only does the number of forcibly displaced individuals continue to grow, but the causes of displacement are also increasing. Crises and its impacts are increasing worldwide. In the last three years, the pandemic alone disrupted essential health services in 92 percent of countries.<sup>iii</sup>

Crises often pose a great threat to the general public health due to collapsed or damaged health systems, lack of medication and supplies, and absence of trained medical staff.<sup>iv</sup> Women and girls' reproductive health is particularly vulnerable due to increased sexual and domestic violence, complications with maternal and newborn health, increased unsafe abortions, and anemia or compromised nutrition due to food insecurity.<sup>v</sup> Countries with the poorest reproductive health indicators, particularly maternal mortality, are currently impacted by humanitarian crises.<sup>vi</sup> Women's reproductive health needs do not stop or diminish during crises. In fact, they only become greater and vary throughout their reproductive life cycle.<sup>vii</sup> Previous studies in humanitarian settings have shown reduced access to reproductive health and mental health services resulting in higher rates of unintended pregnancies, unsafe abortions, pregnancy complications, miscarriage, maternal and infant mortality among other serious health outcomes.<sup>viii</sup>

Compounded crises increase the barriers for women to access health services and impact their health outcomes. Compounded crises 'is the occurrence of two or more dependent or independent events of crises affecting a population at a given time, that unveils the complex interactions of those events of crises to disproportionately impact populations, reducing their ability to cope.' A study conducted in the humanitarian settings in Democratic Republic of Congo (DRC), concluded that the emergence of the COVID-19 pandemic (an added event of crisis or compounded crisis) further threatened the health system and caused increased incidences of gender-based violence, and unintended pregnancies.<sup>ix</sup> This study highlights, "in humanitarian settings, where health systems struggle to deliver health services to populations already affected by violence, natural disaster, or political instability, the emergence of COVID-19 further threatens the delivery, quality, accessibility, and availability of vital care to those communities. In those settings, Sexual and Reproductive Health (SRH) services are often the first to get deprioritized. Access, and use of sexual and reproductive health services among women and girls is hence limited, even when services are available."<sup>x</sup> During the 2014 Ebola outbreak in Africa, SRH programming was given limited attention in the outbreak response, leading to sharp declines in service utilization, consequently leading to excess maternal and neonatal deaths which were more than the number of deaths from Ebola.<sup>xi</sup> A study conducted in South Sudan reported increased unintended pregnancies and induced abortions during the recent conflict in 2020.<sup>xii</sup> Due to the war, people's situations had changed leading to increased instability and poverty, increased transactional sex and rape, disruption of marital norms, and low contraceptive use.<sup>xiii</sup>

Substantial measures have been taken for the issuance of reproductive health in humanitarian settings, however implementation has lagged.<sup>xiv</sup> Health service delivery during the event of one crisis has been fragmented and there are no existing provisions for populations facing compounded crises. The existing standards on reproductive health delivery in humanitarian settings are often not context-bound and lack empirical evidence in their guidance.<sup>xv</sup> The purpose of this study is to understand the facilitators and barriers to accessing reproductive health services in compounded crises settings. Our objective is to understand access and utilization of reproductive health services by South Sudanese women who were exposed to two or more events of crises at a given time, currently residing in Kakuma, Kenya. Through first-hand experiences of refugee women and healthcare workers, we seek to comprehend the differences in service delivery throughout their journey - from place of origin to their place of destination.

**Methodology:** Our research employs qualitative methodologies, including in-depth interviews, focus group discussions, and observations to learn more about the availability, accessibility, acceptability, and quality of services delivered. We propose to conduct thirty in-depth interviews with South Sudanese refugee women; conduct four focus group discussions with healthcare providers; and triangulate data from health facility assessments across 4 locations. The interviews will be conducted by community members (refugee women). A two-day training will be conducted with the enumerators to familiarize them with the study and pilot test the tools. Criterion purposive sampling will be used to recruit refugee women of reproductive age. At the first stage, women will be selected based on the criterion and those who qualify will be randomly selected from the demographic list maintained by local partners for variance of experiences. Homogenous sampling will be used to recruit healthcare workers and they will be contacted at monthly health facility meetings to participate in the study. When approached, all participants will be verbally informed of the project's goals and methods. Consent form will explain confidentiality and consent to participate in the research. The data will be collected from 14 to 28th February 2024. The study has received approval from the Committee of protection of Human Subjects at the University of California, Berkeley (CPHS #2023-10-16754), and Kenyan National Commission for Science, Technology, and Innovation (NACOSTI Licence #NACOSTI/P/24/32807). Additionally, approvals from the Commissioner of Refugee Affairs, Department of Refugee Services, Ministry of Internal and National Affairs, Kenya was also granted for this research.

The results will be analyzed and added after data collection. Data analysis will be conducted on MaxQDA version 24 and Microsoft Excel 16.80. Transcripts will be cleaned and checked for accuracy. A codebook with preliminary themes and categories will be designed. Qualitative data will be coded using an analytic inductive approach.

**Implications for policy and programs:** Insights from our findings could lead to improvements in reproductive health of refugees in Kenya and guide policy makers to plan for crises planning and management. When humanitarian organizations understand and anticipate the complexities of compounded crises and can provide coordinated aid, forcibly displaced populations can benefit from continued health services to achieve better health outcomes.

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<sup>i</sup> UNHCR - Refugee Statistics. UNHCR. Published 2023. Accessed at <<https://www.unhcr.org/refugee-statistics/>>

<sup>ii</sup> Ibid.

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- <sup>iii</sup> Dr. Kumah and Dr. Ameh. “Improving maternal and newborn healthcare access in humanitarian settings: Is it Time to Rethink Our Strategy?” Plos One Global Public Health. July 2023.
- <sup>iv</sup> UNHCR Website. “South Sudan Refugee Crisis.” United Nations, Geneva. 2022. Accessed at <<https://www.unrefugees.org/emergencies/south-sudan/>>
- <sup>v</sup> Aderanti Adepoju. “Migration dynamics, refugees, and internally displaced persons in Africa.” Human Resource Development Center, Nigeria. United Nations Website.
- <sup>vi</sup> Ibid.
- <sup>vii</sup> Sneha Barot. “In a State of Crisis: Meeting the Sexual and Reproductive Health Needs of Women in Humanitarian Settings.” Guttmacher Institute. February 2017. Accessed at <<https://www.guttmacher.org/gpr/2017/02/state-crisis-meeting-sexual-and-reproductive-health-needs-women-humanitarian-situations>>
- <sup>viii</sup> Ho, L.S., Bertone, M.P., Mansour, W. et al. “Health system resilience during COVID-19 understanding SRH service adaptation in North Kivu.” Reproductive Health, BMC. June 2022. DOI: <https://doi.org/10.1186/s12978-022-01443-5>.
- <sup>ix</sup> Ibid.
- <sup>x</sup> Ibid.
- <sup>xi</sup> Ibid.
- <sup>xii</sup> Sara E Casey, et al. “Community perceptions of the impact of war on unintended pregnancy and induced abortion in Protection of Civilian sites in Juba, South Sudan.” Taylor and Francis Online. 2020. DOI: <https://doi.org/10.1080/17441692.2021.1959939>.
- <sup>xiii</sup> Ibid.
- <sup>xiv</sup> Sneha Barot. “In a State of Crisis: Meeting the Sexual and Reproductive Health Needs of Women in Humanitarian Settings.” Guttmacher Institute. February 2017. Accessed at <<https://www.guttmacher.org/gpr/2017/02/state-crisis-meeting-sexual-and-reproductive-health-needs-women-humanitarian-situations>>
- <sup>xv</sup> UNHCR - Refugee Statistics. UNHCR. Published 2023. Accessed at <<https://www.unhcr.org/refugee-statistics/>>