

Technical Brief: Using the Birth Spacing Perspective to Launch Family Planning Services in IDP Sites: Advance Africa's Experiences in Democratic Republic of the Congo and Angola

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Technical Brief

Expanding family planning and reproductive health services in Africa

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Globally, an estimated 20.5 million people are currently living as refugees, asylum seekers, or internally displaced persons (IDPs), with 4.5 million of those in Africa.¹ Such emergency situations affect a disproportionately large number of women and children; according to the United Nations Population Fund, more than 75% of all refugees and other displaced persons are women or children.² Displacement brings with it a host of political, economic, social, and health-related problems. While many of these problems are addressed by humanitarian assistance programs, reproductive health is often overlooked.

In the context of basic survival, family planning and reproductive health (FP/RH) services are not usually considered a priority. "Family planning" is often viewed as a method of fertility reduction rather than as a health intervention. However, without access to FP/RH services, displaced women are at risk of unwanted pregnancies, dangerous births, and sexually transmitted infections. FP/RH services are as critical to preserving the health and well-being of IDPs as food and shelter.

In the aftermath of conflicts and the resulting spread of famine and disease, decimated families and communities feel a strong sense of urgency to regroup and rebuild. Family planning, when understood as a way of limiting family size, becomes undesirable within this context. The key to successfully integrating family planning services into humanitarian assistance is creating linkages between better health outcomes and FP/RH services. One strategy for increasing awareness among IDPs of the health benefits of family planning relies on the birth spacing perspective.

The concept of optimal birth spacing, which focuses on the benefits of births spaced three to five years for both maternal and child health, presents family planning as a *health intervention*. Optimal birth spacing reduces maternal and child mortality and decreases the likelihood of perinatal risks such as pre-eclampsia, anemia, and hemorrhage, as well as malnutrition and stunting among children. For displaced women, maintaining their health and the health of their families is a strong impetus for service utilization. The birth spacing perspective places FP/RH services squarely in line with other necessary emergency health interventions.

Ensuring IDP access to FP/RH information and services is a critical step towards spacing births and preventing unwanted pregnancies, which often result in unsafe abortions, high-risk pregnancies, or added strains on basic survival for both women and children. The process of displacement and reintegration is a grueling one; providing IDPs with *all* of the resources they need to maintain their health should be a mandate for all humanitarian assistance programs.

Advance Africa's technical assistance on IDP issues focuses on the importance of providing displaced persons with the information and family planning services they need to protect their health and well-being, and that of their families. In the **Democratic Republic of the Congo (DR Congo)**, Advance Africa offers technical assistance to the SANRU III project in integrating family planning into the primary health care (PHC) package of three demonstration sites, all of which have large IDP populations.



Photo: B. deNeeri

In **Angola**, Advance Africa is assisting the Provincial Department of Health (DPS) in implementing birth spacing services in numerous health centers throughout Huambo Province.

Reproductive Health Services in IDP Sites in DR Congo

For more than thirty years, devastating internal conflicts in **DR Congo** have left millions dead and millions more struggling for survival. War has all but destroyed the country's health infrastructure, leaving numerous populations without basic health care services. Internal displacement has had a major impact on the well-being of Congolese families. High rates of infant mortality (125/1000), child mortality (213/1,000), and maternal mortality (1,837/100,000 live births) reflect the reality of the lives of women and children in DR Congo, and the desperate need for FP/RH services.

To address this need, the SANRU III project has instituted an innovative family planning strategy that reinforces the management capacity of rural health zones to provide a minimum package of primary health care (PHC) services. Family planning services, with a focus on the birth spacing perspective, are an integral part of this minimum package. With technical assistance from Advance Africa, SANRU III is implementing a demonstration intervention emphasizing the family planning component in three sites with large IDP populations

World Vision, Action Against Hunger, and Medecins Sans Frontieres/Belgium (MSF/Belgium) are all currently implementing humanitarian assistance programs in these three sites. In collaboration with these active NGOs, Advance Africa and SANRU III have begun the process of integrating family planning services into preexisting interventions. This demonstration project does more than provide IDPs with the information, tools, and services they need to lead healthier lives, even as they struggle with the realities of displacement. It also provides a testing ground for this innovative approach to the integration of family planning services into IDP primary health care service delivery. Effective replication of this project in other parts of DR Congo will allow more IDPs to gain control over their own health and the health of their families.

Reproductive Health Services for Returning IDPs in Angola

Decades of war have also left **Angola** with a myriad of social, political, economic, and health problems. Angola has one of the world's highest maternal mortality rates (1,850/100,000); one in five newborns will not survive infancy (195/1,000). At the end of armed conflict, in July 2002, more than 4,000,000 people had been displaced. In the years since, the majority of these IDPs and refugees have either returned to their home villages or settled in areas that have offered them asylum, neither an easy process.

The second largest province in Angola, Huambo's population of more than 2,000,000 people is now made up largely of IDPs, returnees, and those who were displaced during the war and have resettled in Huambo. Improvements have been made, but significant gaps still exist in the health sector, both in service delivery and in local capacity. Chief among these gaps is the lack of availability and quality of birth spacing counseling and family planning services.

To address this need, Advance Africa is assisting the Provincial Department of Health (DPS) in Huambo in implementing a birth spacing demonstration project within the context of the country's National Strategic Plan for Reproductive Health for 2002-2007. In this project, the birth spacing perspective is used to highlight the health benefits of utilizing modern contraceptives to reduce maternal and infant mortality and to prevent unwanted pregnancy. The project is being implemented in 14 health centers with the active participation and involvement of the communities. As these displaced populations create new lives for themselves in Huambo, access to quality FP/RH services and an understanding of the health benefits of birth spacing will give them the tools they need to thrive.

For more information on Advance Africa's work, please visit us online at <http://www.advanceafrica.org>, or email us at advance@advanceafrica.org.

¹ UNHRC. 2003. *Refugees by Numbers*. Geneva: UNHRC.

² UNFPA website, accessed 11 March 2004, <<http://www.unfpa.org/emergencies/earlyaction.htm>>