

Sexual and Reproductive Health and Rights in humanitarian crises: Ensure the safety and health of women and girls

We live in a time when crises have displaced more people than at any point since the Second World War: over 1 billion people (16% of the world's population) live in countries affected by long-term humanitarian crises; these countries are home to half of the world's people living in poverty¹.



16% OF THE WORLD'S POPULATION LIVE IN COUNTRIES AFFECTED BY HUMANITARIAN CRISES



Cyclone Idai made landfall in central Mozambique in 2019. This weather event was devastating and led to the loss of human life and extensive damage to infrastructure. The Mozambican government had to call for assistance to rebuild systems like health, transport and communication that has been damaged. AMODEFA – a local stakeholder – rose up to the challenge to offer the minimum initial service package (MISP). Accommodation centre Matundo, Tete, Tete province, Mozambique. © IPPF/Isabel Corthier

WHY IS SEXUAL AND REPRODUCTIVE HEALTH ESSENTIAL IN CRISES?

More than 26 million women and girls of reproductive age worldwide have been forced away from their homes, fleeing natural disasters, drought, famine and war, and now live in refugee camps and crises zones.

Anyone who has been forced to flee is particularly vulnerable, even more so women and girls: their access to health services may be suspended or the quality may be very low and they will not have access to life-saving reproductive health care. They are in a dire state of emergency and further exposed at increased risk of sexual violence, sexually transmitted infections including HIV and unintended pregnancies.

Amid the terrifying devastation experienced through a humanitarian crisis, people need first and foremost safety and protection. Sexual and reproductive health services can save the lives of women and prevent their further suffering.

SOME FIGURES:

OVER HALF OF PREVENTABLE MATERNAL AND UNDER-FIVE DEATHS

take place in settings of conflict, displacement and natural disasters

2/3 OF PREVENTABLE MATERNAL DEATHS and

45% OF NEW-BORN DEATHS take place

in countries affected by recent conflict, natural disaster, or both, where the risk of giving birth is compounded by the heightened incidence of sexual assault, exploitation and harmful practices.

The United Nations reports there are more than 125 million people worldwide in need of humanitarian assistance. Of those, **1/4 ARE WOMEN AND GIRLS AGED 15 – 49**,

and approximately **ONE IN FIVE OF THESE WOMEN AND GIRLS IS LIKELY TO BE PREGNANT.**

WHAT DOES SEXUAL AND REPRODUCTIVE HEALTH MEAN?

Sexual and reproductive health in crisis is access to safe delivery and new-born care, access to contraceptives to prevent unwanted pregnancies which could further endanger the life of the woman and her family. It also includes other key elements like prevention, detection and treatment for sexual and gender-based violence, access to safe abortion, comprehensive sexuality education for youth, prevention and treatment of HIV and other sexually transmitted infections, and safety for people of diverse sexual orientation and gender identities. Sexual and reproductive health is an essential component of the universal right to the highest attainable standard of physical and mental health, protection from violence and the right to safety and essentially the right to life enshrined in the *Universal Declaration of Human Rights*. Like all other human rights, it applies to refugees, internally displaced persons and anyone living in humanitarian settings.

Prioritizing the needs of women and adolescent girls in emergencies is therefore a human rights imperative and should be prioritized in humanitarian crises response.

Evidence tells us that it is possible to provide these services in all crisis settings and for all populations. The knowledge of providing the services and increasing access are well known. Implementation is currently insufficient due to limited resources and lack of prioritization. **Now is the time for governments and aid agencies to protect and ensure the access to essential and rights-fulfilling sexual and reproductive health services.**



Sexual and reproductive health kit given out to those hit by Cyclone Idai in Mozambique. ©IPPF/Isabel Corthier

KEY ACTIONS TO BE TAKEN BY HUMANITARIAN DONORS AND ACTORS

01. Save lives with the minimum initial service package (MISP) for Sexual and Reproductive Health in crises

The Minimum Initial Service Package (MISP) for Sexual and Reproductive Health in crisis situations is a series of crucial, lifesaving activities required to respond to the sexual and reproductive health needs of affected populations². In many countries affected by protracted crises there is a high unmet need for family planning. Birth spacing improves child and maternal outcomes and reduces maternal and neonatal mortality. Many women and couples wish to space or limit pregnancies following displacement, and the need for contraception increases after an emergency; however, the collapse of health systems means reduced access to both contraceptives and safe abortion and post-abortion care. It should be noted that abortion is a priority area in the MISP, and professionals can provide safe abortions even in acute emergency settings and in settings without electricity or running water.

HOW TO TAKE ACTION:

→ Implementing the full MISP is a non-negotiable **international standard of care** that should be implemented at the onset of every emergency. It is therefore essential to ensure that priority sexual and reproductive health services are properly identified and integrated into every emergency response.

→ It is needed to invest in continued and flexible funding mechanisms designated to prepare for and respond to the crises that include **funding for comprehensive and non-discriminatory sexual and reproductive health services**. The MISP should be a **regular component in funding agreements**. Investments shall be made in **supply chain and logistics** for the lifesaving sexual and reproductive health supplies required to implement fully the MISP.

02. Prevent and respond to sexual and gender-based violence with sexual and reproductive health services

As mentioned, women and girls are disproportionately affected by crises, as **emergencies exacerbate existing gender inequalities and risks of sexual and gender-based violence³**: one in five internally displaced or refugee women living in humanitarian crisis and armed conflict have experienced sexual violence⁴. Sexual and gender-based violence and sexual and reproductive rights are deeply intertwined: people who experience violence are more at risk of unwanted pregnancies, maternal and infant mortality, and sexually transmitted infections, including HIV, and such violence can cause direct and long-term physical and mental health consequences.

Sexual and reproductive health services are an entry point to prevent and respond to gender-based violence⁵. Some violations of sexual and reproductive health are forms of sexual and gender-based violence: forced sterilizations, abortions and pregnancy, criminalization of abortion, denial or delay of services, abuse and mistreatment of people seeking care, child, early and forced marriage and unions.

HOW TO TAKE ACTION:

→ Gender-based violence services should be recognized as essential services and must be accessible in a safe and user-friendly way, including allocated budgets and support for staff.

→ Humanitarian programmes should provide information and build awareness of available sexual and reproductive health services for survivors, including emergency contraception, psychosocial support, and safe abortion care to the full extent of the law, that can be delivered in a timely, safe, dignified, and confidential manner.

→ Access to life-saving safe abortion care should be ensured, and post-abortion care for survivors of sexual violence included in all sexual and reproductive health and gender-based violence services.

03. Ensure efficiency, accountability and sustainability through women-led, local organizations

Local actors and women-led organisations play a fundamental role to enhance efficiency, accountability and sustainability of humanitarian interventions. They have long been part of the national infrastructure of providing socioeconomic and health services and support to especially the most marginalised communities at national and local level, they know deeply the needs of the people and are trusted by them. As such, supporting local and women-led organisations supports the human rights-based approach of securing participation of the affected population and inclusion of the most vulnerable ones.

However, the space for individuals, human rights defenders and civil society organizations working on sexual and reproductive health and rights issues is limited and decreasing in many contexts. Often more, grassroots organisations compete for funding with larger organizations, and financial support to these actors remains totally inadequate⁶.

HOW TO TAKE ACTION:

→ It is crucial to scale up funding to local and women-led actors, and to enhance funding streams that are either flexible or tailored to enable locally grounded effective interventions and to foster complementarity with multilateral and governmental initiatives.

→ It is also essential to invest in initiatives supporting respective national governments to lead the coordination of emergency operations and building up the capacity of women, young people and girls to access and influence decision makers in the recent future⁷.

Young people's right to accurate information about sexual and reproductive health and rights is often overlooked despite unmet need for contraception, rising HIV and widespread gender inequality in the aftermath of a crisis. Here young people in refugee camps in Palestine are receiving accurate information about their health. ©IPPF/Hannah Maule-ffinch

04. Ensure dignity and health with access to long-term healthcare

Sexual & reproductive health is a fundamental part of health-care provision and an essential element of Universal Health Coverage. During an emergency, dignity kits that contain simple but necessary everyday items we often take for granted - like underwear and sanitary pads - are distributed to women and girls to meet basic primary healthcare. As important as to support the acute humanitarian actions it is to support the existing public services (if there are any) during and after the emergency: efforts to build Universal Health Coverage should be supported.

HOW TO TAKE ACTION:

→ While the Minimum Initial Service Package (MISP) for sexual and reproductive health is always the first intervention of sexual and reproductive health programmes in humanitarian response, it is critical to transition from the MISP to comprehensive sexual and reproductive health services (a wider range of activities, which should be regarded as a continuum of services and very much dependent on the context) as soon as possible, or within 3-6 months of the onset of a crisis. We reaffirm the absolute importance of funding the transition from the MISP interventions to the comprehensive roll-out of services and sexual and reproductive health programming in humanitarian settings, aiming to shift in time from the phase of distribution of dignity kits and contraceptives to support the healthcare services and efforts at local level⁸.

→ Strategies for Universal Health Coverage in crises may include focusing on district health systems and strong country stewardship; also, empowering national and local actors to create an effective coalition for equal access to Universal Health Coverage is a priority.

Emergencies have a **disparate effect** on the poorest and most marginalized or underserved members of a community: women, children and adolescents; people of diverse sexual orientations, gender identities and expressions, and sex characteristics; and those in migrant or refugee communities. Their vulnerabilities are compounded during crises and they face multiple forms of discrimination as existing inequalities are magnified in times crises. It is time for the Agenda 2030 principles of 'leaving no one behind' to be honoured and integrated into humanitarian interventions.





THE KNOCK-ON EFFECTS OF COVID-19 ON GIRLS AND WOMEN

While all countries are struggling to respond to the spread of the disease, the pandemic poses a particularly grave threat in existing humanitarian crises and threatens to push fragile settings into new crises. **The global impact of the COVID-19 emergency is amplified for people living in existing and emerging humanitarian crises.** The number of women and girls who are critically at risk will continue to rise as humanitarian settings further deteriorate⁹. Alarming, some governments are also exploiting the global public health crisis to create further barriers or eliminate access to existing sexual and reproductive health services in humanitarian settings.

The scale of the problem demands concrete actions from governments:

- Ensure funding for sexual and reproductive health services is included into all COVID-19 responses.
- Support pool procurement of key supplies to secure larger volumes of supply and production to ensure continuity of MISP and avoid service disruptions by overcoming COVID-19 related bottlenecks.
- Support female health workers and women-focused civil society organizations in the frontlines.

1. Development Initiatives, Global Humanitarian Assistance Report 2020 (22 July 2020): <https://devinit.org/resources/global-humanitarian-assistance-report-2020>

2. The MISP is developed by the Inter-Agency Working Group for Reproductive Health in Crisis, full information and resources are available at <https://iaawg.net/resources/minimum-initial-service-package-misp-resources>. The priority life-saving services in the MISP are integrated into the Sphere Minimum Health Standards in Humanitarian Response. International laws support the rapid and unobstructed implementation of the MISP by humanitarian actors. SRH services are also vital to realizing the United Nations Security Council Resolutions 1325, 1820, 1888, and 1889 on Women, Peace, and Security.

3. Sexual and gender-based violence refers to "any act that is perpetrated against a person's will and is based on gender norms and unequal power

relationships. It includes physical, emotional or psychological and sexual violence, and denial of resources or access to services. Violence includes threats of violence and coercion. Sexual and gender-based violence inflicts harm on women, girls, men and boys and is a severe violation of several human rights". For more information refer to: <https://emergency.unhcr.org/entry/60283/sexual-and-gender-based-violence-sgbv-prevention-and-response>.

4. For more info: https://www.unocha.org/sites/unocha/files/OOM_gender_22May2019_0.pdf.

5. In May 2019, the high level-conference in Oslo on Ending Sexual and Gender-Based Violence in Humanitarian Crisis hosted by Norway, Iraq, Somalia, the United Arab Emirates, UNOHA, UNFPA, the International Committee of the Red Cross and other partners, mobilized political will and financial pledges to accelerate the drive to stop sexual and gender-based violence in conflicts and disasters; a

joint civil society statement representing 110 national and 55 international NGOs, was presented at the high-level segment. For detailed information on the conference commitments and pledges, refer to: <https://www.endsgbvoslo.no/>.

6. For more info: <https://www.oecd.org/dac/gender-development/OECD-report-on-womens-rights-organisations.pdf>.

7. For more info: <https://care.ca/2019/04/womens-and-girls-rights-and-agency-in-humanitarian-action-a-life-saving-priority/>

8. For more info: <https://countdown2030europe.org/storage/app/media/uploaded-files/Factsheet%20-%20humanitarian%202020%20v2.pdf> .

9. For more info: <https://www.unfpa.org/resources/impact-covid-19-pandemic-family-planning-and-ending-gender-based-violence-female-genital?emci=0095bec3-3b91-ea11-86e9-00155d03b5dd&emdi=c0bd3e21-8794-ea11-86e9-00155d03b5dd&ceid=4527556>.



Countdown 2030 Europe (C2030E) is a Consortium of 15 leading European non-governmental organizations advocating towards European donors for increased funding and support to Sexual and Reproductive Health (SRH), including Family Planning (FP), in international development cooperation. Consult C2030E website and join us on twitter for more information on SRHR in EU policies, including the latest figures on European donor support to SRHR.



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