



## **Submission by the Women's Refugee Commission to the Working Group on discrimination against women and girls: Women's and girls' sexual and reproductive health and rights in situations of crisis**

**31 August 2020** The Women's Refugee Commission (WRC) works to improve the lives and protect the rights of women, children, and youth displaced by conflict and crisis. WRC is a leading advocate for sexual and reproductive health and rights (SRHR) in crisis-affected settings, and across the humanitarian-development continuum in line with international humanitarian law and human rights law. We focus global attention on key and emerging SRHR issues, and prioritize ensuring SRHR access for the full range of people affected by crises, including marginalized populations. WRC also hosts the secretariat for the Inter-Agency Working Group on Reproductive Health in Crises (IAWG), a global coalition of organizations and individuals committed to advancing SRHR in humanitarian settings. We welcome the opportunity to provide the Working Group with information about challenges faced in ensuring that women's and girls' sexual and reproductive rights are adequately prioritized and respected, protected, and fulfilled in times of crisis, as well as examples of good practices.

### **Challenges and good practices**

Humanitarian crises have a disproportionate effect on women and girls, and marginalized populations—including adolescents, persons with disabilities, and people with diverse sexual orientations and gender identities.<sup>1</sup> Globally, studies have shown that women and girls in humanitarian emergencies face increased sexual and reproductive health (SRH) risks, including increased risks of maternal morbidity and mortality, gender-based violence (GBV), sexually transmitted infections (STIs), unintended pregnancy, and unsafe abortion and its associated complications.<sup>2</sup>

From 2012 to 2014, the IAWG conducted a global evaluation of SRH in humanitarian crises. The evaluation found that although progress has been made in the availability of funding, service delivery, and institutional capacity to address SRH in humanitarian settings, significant gaps remain, including limited availability of obstetric and newborn care, comprehensive abortion care, antiretroviral therapy

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<sup>1</sup> Every Woman Every Child, 2018, "Deep Dive Report: Commitments in Support of Humanitarian and Fragile Settings 2015-2017," <https://www.everywomaneverychild.org/global-strategy/2018-commitments-to-ewec-global-strategy/>

<sup>2</sup> Barot, Sneha, 2017, "In a State of Crisis: Meeting the Sexual and Reproductive Health Needs of Women in Humanitarian Situations," Guttmacher Institute, <https://www.guttmacher.org/gpr/2017/02/state-crisis-meeting-sexual-and-reproductive-health-needs-women-humanitarian-situations>

for persons living with HIV/AIDS, diagnosis and treatment of STIs, and contraceptive services, particularly long-acting reversible contraceptives (LARCs) and emergency contraception (EC).<sup>3</sup>

The evaluation also found a critical dearth of SRH programming for adolescents.<sup>4</sup> More recently, research conducted by WRC in Cox's Bazar, Bangladesh and Maiduguri Metro Centre, Borno State, Nigeria demonstrated that short-acting contraceptive methods—with the exception of emergency contraception—were more widely available as compared to LARCs, and that adolescents continued to face heightened barriers to accessing contraceptive services.<sup>5</sup>

It is essential that comprehensive SRHR services are available and accessible for often marginalized and underserved populations, including adolescents, persons with diverse sexual orientation and gender identities, as well as women and girls with disabilities.

SRHR services are lifesaving, and an essential component of humanitarian health response. The Minimum Initial Service Package (MISP) for SRH is a coordinated set of priority life-saving activities to be implemented at the onset of every crisis event. The MISP for SRH was revised in 2018 to include the priority objective of preventing unintended pregnancy, and MISP for SRH components are recognized in the Sphere Minimum Standards in Humanitarian Response.<sup>6</sup>

The objectives of the MISP for SRH include: ensuring the health sector/cluster identifies an organization to lead implementation of the MISP; preventing sexual violence and responding to the needs of survivors; preventing the transmission of and reducing morbidity and mortality due to HIV and other STIs; preventing excess maternal and newborn morbidity and mortality; preventing unintended pregnancies; and planning for comprehensive SRH services, integrated into primary health care, as soon as possible. The MISP for SRH also recognizes that it is a priority to ensure safe abortion care to the full extent of the law.

Notably, the 2012-2014 IAWG global evaluation also found that poor supply chain management exacerbated gaps in the availability and accessibility of SRH services in humanitarian settings.<sup>7</sup> The availability of SRHR services depends on the availability of supplies and commodities. At the onset of a crisis, Inter-Agency Emergency Reproductive Health Kits can provide the supplies and commodities

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<sup>3</sup> Inter-Agency Working Group on Reproductive Health in Crises, 2016, "Taking Stock of Reproductive Health in Humanitarian Settings: Key Findings from the IAWG on Reproductive Health in Crises' 2012-2014 Global Evaluation," <https://iawg.net/resources/taking-stock-of-reproductive-health-in-humanitarian-settings-key-findings-from-the-iawg-on-reproductive-health-in-crises-2012-2014-global-evaluation>

<sup>4</sup> Ibid.

<sup>5</sup> Casey, Sara et al., 2019, "A Clear Case for Need and Demand: Accessing Contraceptive Services for Rohingya Women and Girls in Cox's Bazar," The Women's Refugee Commission, <https://www.womensrefugeecommission.org/research-resources/contraceptive-service-delivery-in-the-refugee-camps-of-cox-s-bazar-bangladesh/>; Gambir, Katherine and Claire Eldred, 2020, "Gap between Supply and Demand for Contraceptive Services in Northeast Nigeria," The Women's Refugee Commission, <https://www.womensrefugeecommission.org/research-resources/contraceptive-services-gap-nigeria/>

<sup>6</sup> Inter-Agency Working Group on Reproductive Health in Crises, 2019, *Inter-Agency Field Manual on Reproductive Health in Humanitarian Settings*, <https://iawgfieldmanual.com/>

<sup>7</sup> Inter-Agency Working Group on Reproductive Health in Crises, 2016, "Taking Stock of Reproductive Health in Humanitarian Settings: Key Findings from the IAWG on Reproductive Health in Crises' 2012-2014 Global Evaluation," <https://iawg.net/resources/taking-stock-of-reproductive-health-in-humanitarian-settings-key-findings-from-the-iawg-on-reproductive-health-in-crises-2012-2014-global-evaluation>

required to implement the MISP for SRH. However, ensuring comprehensive SRHR services depends on sustainable, resilient supply chains that adequately prepare in advance for crises, and that transition after acute emergencies to stable, consumer-driven supply chains that provide comprehensive SRH supplies while minimizing both stock outs and wastage.

### **Preparedness, recovery, and resilience**

Recent humanitarian crises and responses have demonstrated the importance of preparedness for timely and appropriate SRHR interventions during crises,<sup>8</sup> and the *Sendai Framework for Disaster Risk Reduction 2015-2030* identified SRH as critical for individual and community resilience.<sup>9</sup> Accordingly, SRHR should be integrated into emergency and disaster risk management for health plans at the national and sub-national levels.

Global learning has shown that advocacy, coordination and partnerships, capacity development, leadership, ownership, inclusion of community members and marginalized and underserved groups, resilient primary health care systems, and financing are critical for the successful integration of SRHR into preparedness efforts and effective SRHR response, particularly for women and girls, and the transition to recovery.<sup>10</sup>

### **Conclusion**

WRC makes the following recommendations to ensure the full provision of SRHR in humanitarian settings:

During the preparedness phase of the emergency management cycle, stakeholders should ensure SRHR is integrated into emergency and disaster risk management for health plans at the national and sub-national levels.

Stakeholders should implement the MISP for SRH at the outset of every crisis response, and should take steps to transition to the provision of comprehensive SRHR services—including transitioning to stable, consumer-driven supply chains—as soon as possible.

Stakeholders should ensure that all SRHR services in humanitarian settings are available and accessible for often marginalized and underserved populations, including adolescents, persons with diverse sexual orientation and gender identities, and persons with disabilities.

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<sup>8</sup> Krause, Sandra et al., 2017, “Sea-change in reproductive health in emergencies: how systemic improvements to address the MISP were achieved,” *Reproductive Health Matters* 25 (51):7-17.

<sup>9</sup> United Nations Office for Disaster Risk Reduction, 2015, *The Sendai Framework for Disaster Risk Reduction 2015-2030*, <https://www.undrr.org/publication/sendai-framework-disaster-risk-reduction-2015-2030>

<sup>10</sup> Tanabe, Mihoko, 2016, “Building National Resilience for Sexual and Reproductive Health: Learning from Current Experiences,” The Women’s Refugee Commission, <https://www.womensrefugeecommission.org/research-resources/disaster-building-resilience-srh/>