

10 Essential Facts About Sexual and Reproductive Health in Humanitarian Emergencies

There are more people displaced in the world today than at any other point in history, with more than 100 million people forcibly displaced.¹ More than twice that many individuals are in need of humanitarian assistance — roughly 75% of whom are women and children, including more than 30 million women of reproductive age (15–49).^{2,3} In humanitarian emergencies, many people looking to avoid pregnancy lack access to the information, services and supplies that would allow them to delay or prevent pregnancy, due in part to the lack of prioritization of sexual and reproductive health (SRH) services during crises.⁴ To meet the SRH needs of people in humanitarian emergencies, organizations and policymakers should know the answers to these 10 critical questions.

1 What is a humanitarian emergency?

The Humanitarian Coalition defines a humanitarian emergency as “an event or series of events that represents a critical threat to the health, safety, security or well-being of a community or other large group of people, usually over a wide area.”⁵ This definition covers a range of emergencies from natural disasters to conflict.

2 How are women and girls impacted by humanitarian emergencies?

Women and children are disproportionately affected in humanitarian emergencies and are as much as 14 times more likely than men to die in a disaster.⁶ Additionally, during periods of conflict or displacement, women and girls are at significantly increased risk of experiencing sexual and gender-based violence — including the use of rape as a weapon of war, intimate partner violence and early and forced marriage. For example, in refugee camps and informal settlements, even basic features, like toilets that have locks and are properly lit, can be scarce and contribute to dangerous situations for women and girls.⁷

3 Why do people in humanitarian emergencies need SRH information, services and supplies?

When an emergency strikes, access to SRH information, services and supplies, including modern methods of contraception, must be prioritized because despite increased need, access to health care is compromised. Lack of basic lifesaving interventions leads to increases in unintended pregnancy and maternal death. Globally, 55% of preventable maternal deaths occur in humanitarian emergencies.⁸ Additionally, increased levels of sexual and gender-based violence require access to SRH information and services that respond to the needs of survivors, including access to emergency contraception, safe abortion care, medicines to prevent and treat sexually transmitted infections, care for physical injuries and

psychosocial services, among others. Prioritizing access to SRH services and supplies not only saves lives but also promotes empowerment, bodily autonomy and human dignity.

4 How are SRH services and supplies delivered in humanitarian emergencies?

SRH services and supplies are delivered through a set of activities outlined in the Minimum Initial Service Package (MISP) for Sexual and Reproductive Health and the Inter-Agency Field Manual on Reproductive Health in Humanitarian Settings.^{9,10} The MISP consists of six overarching objectives to meet the SRH needs of people in humanitarian emergencies at the onset of an emergency. A series of reproductive health kits, containing a set of predetermined supplies needed to implement the MISP, were developed to help facilitate timely procurement of supplies and the provision of services. The kits support the various objectives of the MISP and contain enough reproductive health drugs, supplies and equipment for three months until implementers can transition to comprehensive SRH services. When the MISP is fully implemented, it helps people avoid unintended pregnancy, prevent and respond to sexual violence and have a clean, safe place for childbirth.¹¹

Additionally, the United Nations Population Fund (UNFPA) distributes dignity kits in crisis situations that include menstrual hygiene products.

5 Who is providing SRH services during a humanitarian emergency?

UNFPA and nongovernmental organizations (NGOs) are predominantly responsible for providing SRH services in humanitarian emergencies. UNFPA procures and produces the majority of reproductive health kits used in these crises and provides services. NGOs can purchase these kits directly from UNFPA or compile their own if they don't want or are unable to purchase them from UNFPA.¹²

6 What are the gaps in meeting SRH needs in humanitarian emergencies?

While attention to the importance of SRH interventions has increased, gaps remain, particularly in terms of service delivery and access — including safe abortion care, long-term and permanent methods of contraception and clinical care for survivors of sexual violence — especially for groups like LGBTQI+ individuals and young people.¹³ In most cases, these challenges can be attributed to insufficient funding and policy restrictions, stigma or lack of prioritization from donors.

7 What are the barriers to SRH programs, services and supplies in humanitarian crises?

Women and girls face barriers in accessing SRH services, even when they are available. There is often insufficient information about available services, how to access them and their benefits. It is common for women and girls to face stigma when attempting to access SRH services, particularly around contraception and post-rape care. Far too often, programs are implemented without input from women and girls and/or do not address the actual needs of the communities these programs serve. Women, girls and local organizations must be part of the planning and implementation process.

8 Is there adequate funding for humanitarian emergencies?

Even with increases in funding in recent years, humanitarian emergencies are almost always underfunded. In 2022, an estimated \$41 billion is needed to respond to humanitarian emergencies, including an \$835 million appeal from UNFPA for SRH services and supplies. Last year, less than 50% of the required funding requested by the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), the agency responsible for consolidating funding requests, was met.¹⁴ The lack of funding has a resounding impact on the people who are affected by crises.

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- 2 World Economic Forum. (2021, November 17). Why women's participation is essential to achieve global climate targets. <https://www.weforum.org/agenda/2021/11/women-participation-essential-achieve-global-climate-targets>
- 3 United Nations Population Fund. (2021, December). Humanitarian Action: 2022 Overview. <https://www.unfpa.org/HAO2022-appeal>
- 4 United Nations Population Fund. (n.d.). Humanitarian. <http://www.unfpa.org/emergencies>
- 5 Office of the United Nations High Commissioner for Human Rights. (n.d.). <https://www.ohchr.org/en/taxonomy/term/878>
- 6 UN Women. (n.d.). SDG 13: Take urgent action to combat climate change and its impacts. <https://www.unwomen.org/en/news/in-focus/women-and-the-sdgs/sdg-13-climate-action>
- 7 Inter-Agency Standing Committee. (2015). Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing risk, promoting resilience and aiding recovery. <https://gbvguidelines.org/wp/wp-content/uploads/2016/01/2015-IASC-GBV-Guidelines-main-book-without-table-spreads.pdf>
- 8 Tappis, H., Bryce, E., & Boerma, T. (2022, March 31). Tracking Progress Towards Maternal and Neonatal Mortality Reduction Targets in Countries Affected by Humanitarian Crises. <https://alignmnh.org/2022/03/31/tracking-progress-towards-maternal-and-neonatal-mortality-reduction-targets-in-countries-affected-by-humanitarian-crisis>
- 9 Inter-Agency Working Group on Reproductive Health in Crises. (2022, May 16). Quick Reference for the Minimum Initial Service Package (MISP) for Sexual and Reproductive Health (SRH). <https://iawg.net/resources/misp-reference>
- 10 Inter-Agency Working Group on Reproductive Health in Crises. (n.d.). 2018 Inter-Agency Field Manual on Reproductive Health in Humanitarian Settings. <https://iawg.wpengine.com/wp-content/uploads/2019/07/IAFM-English.pdf>
- 11 Inter-Agency Working Group on Reproductive Health in Crises. (n.d.). Minimum Initial Service Package (MISP) Resources. <https://iawg.net/resources/minimum-initial-service-package-misp-resources>
- 12 United Nations Population Fund. (n.d.). Humanitarian emergency procurement. <https://www.unfpa.org/humanitarian-emergency-procurement>
- 13 Casey, S.E., Chynoweth, S.K., Cormier, N., Gallagher, M.C., & Wheeler, E.E. (2015, February 2). Progress and gaps in reproductive health services in three humanitarian settings: mixed-methods case studies. *Conflict and Health* 9(1). <http://www.conflictandhealth.com/content/9/S1/S3>
- 14 United Nations Office for the Coordination of Humanitarian Affairs. (2022). Inter-Agency Coordinated Appeals: Results from 2021. <https://gho.unocha.org/appeals/inter-agency-coordinated-appeals-results-2021>

9 What can be done in advance of an emergency to better meet SRH needs?

While it is impossible to be totally prepared for an emergency, there are several preparations countries can make in advance of a crisis that save lives and reduce suffering. Creating and implementing policies that address the needs of women and girls can have a positive impact in the event of an emergency. Registering and prepositioning lifesaving SRH supplies, such as emergency contraception, in areas prone to humanitarian emergencies enable easier procurement during an emergency. Supporting women- and youth-led organizations to work with policymakers at the local, regional and global levels to increase funding and enhancing SRH policies in humanitarian emergencies is essential to improving access to comprehensive SRH services, including safe abortion, for all people.

10 What can governments, NGOs, U.N. agencies and other actors do to improve SRH in emergencies?

- ✓ Increase funding for humanitarian response that includes sexual and reproductive health and rights.
- ✓ Ensure that SRH programs, information, services and supplies are prioritized at the onset of an emergency, especially family planning, abortion and prevention of and response to sexual and gender-based violence.
- ✓ Work with governments to ensure that there are supportive policies on sexual and reproductive health and rights in place in advance of humanitarian emergencies.
- ✓ Include women, girls and local organizations as part of health and humanitarian interventions and program planning.
- ✓ Strengthen the reproductive health supply chain to ensure that lifesaving SRH supplies are available before, during and after an emergency.