

Sexual and Reproductive Health and Rights in humanitarian crises: How can you, as a parliamentarian, help 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 live in countries affected by long-term humanitarian crises. These countries are home to half of the world's people living in poverty.

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.

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.



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

WHAT DOES SEXUAL AND REPRODUCTIVE HEALTH MEANS?

Sexual and reproductive health in crisis is access to safe delivery and new-born care, and 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.



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

PERSISTENT GAPS AND EMERGING THREATS

Sexual and reproductive health services are still dramatically neglected. Safe abortion is unavailable across countries in crises, despite unsafe abortion having been estimated to cause 25–50% of maternal deaths in refugee settings.



UNSAFE ABORTION CAUSE OF 25-50% MATERNAL DEATHS IN REFUGEE SETTINGS

Socio-economic and cultural barriers, gender inequality and lack of awareness impede service uptake. Adolescents and older women, sex workers and many others continue to face discrimination and huge obstacles in accessing services. The world is witnessing a rapid increase in conflict and natural disasters¹; the gendered impacts of climate change are aggravated in settings affected by armed conflict, political instability and economic strife. Hostility to women's rights and sexual and reproductive health and rights is evident on the global arena



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 deteriorate: the pandemic have a devastating impact on women and girls living with the risk of gender-based violence and resulted in shortage of contraception and unsafe abortions.

HOW TO ENSURE SAFETY AND PROTECTION

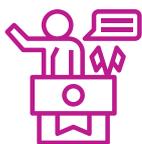
Now is the time for governments and aid agencies to acknowledge and protect the access to essential and rights-fulfilling sexual and reproductive health services, deliver on the Sustainable Development Goals and truly Leave No One Behind.

Evidence tells us that it is possible to provide sexual and reproductive health services in all crisis settings and for all populations. In the past years, political commitments emphasised the shared responsibility and urgency of coordinating effective responses and increasing investments. The global community agrees on the importance of sexual and reproductive health and rights in crisis, which is evidenced in global commitments² and national policies, and that is reflected into the **Minimum Initial Service Package (MISP)** for Reproductive Health in Crisis Situations - the agreed minimum international standard of services to be provided at the onset of any crisis.



In the aftermath of Cyclone Fani in India, Sametha receives the contraceptive pill for the first time after visiting a clinic set up by the Family Planning Association of India (FPAI) to help those affected by the cyclone. ©IPPF/Kathleen Prior

WHAT YOU CAN DO TO REALIZE THE GLOBAL STANDARD OF PROTECTION AND SAVING LIVES?



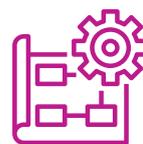
POLITICAL WILL

- Ensure that sexual and reproductive health services and rights is included in **national, regional and global policies and action plans** spanning the field of humanitarian, women peace and as well as/in addition to long-term development;
- European and international governments are **accountable to human rights** and access to sexual and reproductive health services and rights in crisis;
- Use **diplomatic channels to strengthen further the capacities and efforts** of national governments, global and local actors on the preparedness and implementation of sexual and reproductive health services and rights in crisis.



FUNDING

- Include funding for sexual and reproductive health services in crisis in **national budgets**;
- Scale up funding to **local and women-led actors** to foster complementarity with multilateral and governmental initiatives, and enhance funding streams that are either flexible or tailored to enable locally grounded effective interventions;
- Mainstream the allocation of funding to support existing public services into all crises-affected countries aiming to build **Universal Health Coverage**.



IMPLEMENTATION

- Demand full implementation of the **Minimum Initial Service Package (MISP)** for Reproductive Health in Crisis Situations by humanitarian actors receiving funding, or ensure referrals to actors providing this;
- Ensure that the needs of all crisis-affected communities are met equitably, by integrating regularly **inclusive approaches** into funding requirements.

MAKE SURE THAT THE **RIGHTS-BASED APPROACH** IS AT THE CORE OF ANY POLICIES AND DECISIONS, FUNDING AND IMPLEMENTATION REQUIREMENTS.

- Access to life-saving safe abortion care should be protected and post-abortion care for survivors of sexual violence included in all sexual and reproductive health.
- Sexual and reproductive health services should be acknowledged as essential to prevent and respond to **Gender-based violence**: they should be accessible in a safe way through budgets and capacity support to government and non-government actors.

1. European Union, INFORM Severity Index, 2020.

2. Grand Bargain (2016); Global Compact on Refugees (2018); World Health Organization's Global Action Plan 2019-2023, Nairobi Summit Commitments on ICPD25 (2019).



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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