

# Day 1: Sexual and Reproductive Health in Emergencies

Training for Program Managers

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# Introductions



A woman wearing a bright pink headscarf and a matching patterned shawl is looking towards the camera. She is standing in front of a brick wall. To her left is a dark, open doorway or window that reveals a pile of rubble and debris inside, suggesting a post-disaster or conflict environment. The overall image has a somber yet hopeful tone.

# Session 1.1: Introduction to Sexual and Reproductive Health in Emergencies

Training for Program Managers

# Learning objectives

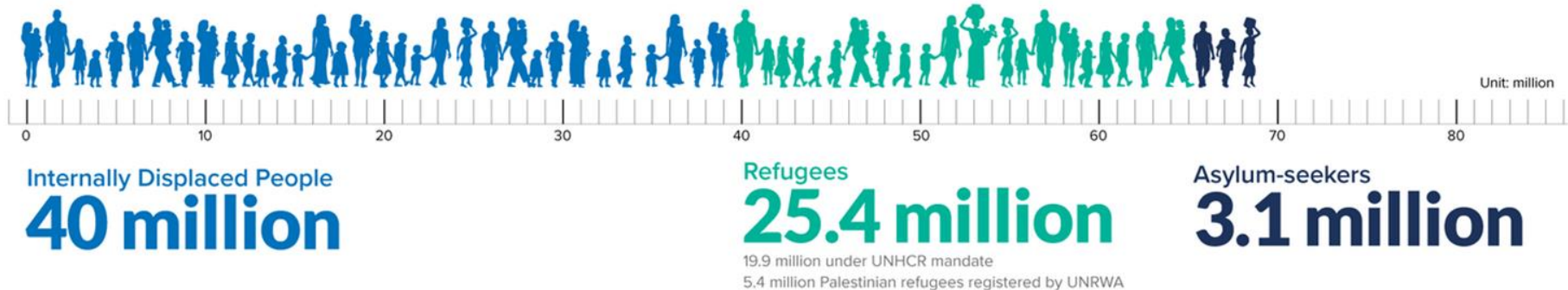
After this session, participants should be able to:

1. Explain why it is important to address sexual and reproductive health in emergencies
2. Define key terminology and concepts for sexual and reproductive health in humanitarian emergencies
3. Demonstrate skills in advocating for the inclusion of sexual and reproductive health in emergency preparedness and response

# The global humanitarian crisis

About 34,000 people are forcibly displaced each day.

**68.5 million** forcibly displaced people worldwide



# National or Regional Context

# Causes of the global humanitarian crisis

- Natural hazards
- Climate change
- Armed conflict
- Political repression
- Complex emergencies
- Epidemics
- Famine
- Technological hazards
- Combination of the above

# Causes of the global humanitarian crisis

## Disaster

A serious disruption of the functioning of a society, involving widespread human, material, economic or environmental losses and impacts which

exceeds the ability of the affected society to cope using its own resources. (UNDRR)



# Effects of Emergencies

Affected populations:

- Refugees
- Internally displaced persons
- Host communities
- Affected populations who remain (internally 'stuck')



# Effects of Emergencies

Affected populations may be found in:

- Camp settings
- Temporary evacuations centres
- Transit
- Their own communities or homes
- The homes of family or friends
- Neighbouring communities
- Urban & rural settings

# Effects of Emergencies

Impact different communities in different ways:

(Vulnerability + Hazard)

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Capacity

=

Disaster

# Effects of Emergencies

- Mechanisms for protection and service delivery such as health, education, and police are **disrupted**
- Community support systems and protection mechanisms **break down**
- **SRH needs continue**



# Exploring Humanitarian Emergencies

Case Study



# Sexual and Reproductive Health

“A state of complete **physical, mental** and **social** well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes”

*Cairo ICPD Programme of Action; WHO*

# Effects of Emergencies on SRHR

## Women and girls are at increased risk of:

- Rape and other forms of sexual violence
- Early, child, and forced marriage
- Human Trafficking
- Unintended pregnancy
- Unsafe abortion
- Complications during pregnancy and delivery
- STI and HIV infection



# Effects of Emergencies on SRHR

- Adolescents
- LGBTQIA
- People living with disability
- People living with HIV



# What is the Minimum Initial Service Package (MISP) for SRH?

- A set of **priority** SRH activities to be implemented at the onset of a crisis
- Defines which SRH services are most important in **saving lives at the onset of an emergency**
- **Minimum initial** response

# What is the MISP for SRH?



## MINIMUM INITIAL SERVICE PACKAGE FOR SEXUAL AND REPRODUCTIVE HEALTH

Inter-Agency Field Manual on Reproductive Health in Humanitarian Settings

[iawg.net/IAFM](http://iawg.net/IAFM)

**OBJECTIVE 6: PLAN FOR COMPREHENSIVE SRH SERVICES, INTEGRATED INTO PRIMARY HEALTH CARE AS SOON AS POSSIBLE. WORK WITH THE HEALTH SECTOR/CLUSTER PARTNERS TO ADDRESS THE SIX HEALTH SYSTEM BUILDING BLOCKS.**

- Service Delivery
- Health Workforce
- Health Information System
- Medical Commodities
- Financing
- Governance and Leadership

**OBJECTIVE 1: ENSURE THE HEALTH SECTOR/CLUSTER IDENTIFIES AN ORGANIZATION TO LEAD IMPLEMENTATION OF THE MISP. THE LEAD SRH ORGANIZATION:**

- Nominates an SRH Coordinator to provide technical and operational support to all agencies providing health services
- Hosts regular meetings with all relevant stakeholders to facilitate coordinated action to ensure implementation of the MISP
- Reports back to the health cluster, GBV sub-cluster, and/or HIV national coordination meetings on any issues related to MISP implementation.
- In tandem with health/GBV/HIV coordination mechanisms ensures mapping and analysis of existing SRH services
- Shares information about the availability of SRH services and commodities
- Ensures the community is aware of the availability and location of reproductive health services

**OBJECTIVE 2: PREVENT SEXUAL VIOLENCE AND RESPOND TO THE NEEDS OF SURVIVORS:**

- Work with other clusters especially the protection or gender based violence sub-cluster to put in place preventative measures at community, local, and district levels including health facilities to protect affected populations, particularly women and girls, from sexual violence
- Make clinical care and referral to other supportive services available for survivors of sexual violence
- Put in place confidential and safe spaces within the health facilities to receive and provide survivors of sexual violence with appropriate clinical care and referral

RH Kit 3

RH Kit 8

RH Kit 9

**OBJECTIVE 3: PREVENT THE TRANSMISSION OF AND REDUCE MORBIDITY AND MORTALITY DUE TO HIV AND OTHER STIS:**

- Establish safe and rational use of blood transfusion
- Ensure application of standard precautions
- Guarantee the availability of free lubricated male condoms and, where applicable (e.g., already used by the population), ensure provision of female condoms
- Support the provision of antiretrovirals (ARVs) to continue treatment for people who were enrolled in an anti-retroviral therapy (ART) program prior to the emergency, including women who were enrolled in PMTCT programs
- Provide PEP to survivors of sexual violence as appropriate and for occupational exposure
- Support the provision of co-trimoxazole prophylaxis for opportunistic infections for patients found to have HIV or already diagnosed with HIV
- Ensure the availability in health facilities of syndromic diagnosis and treatment of STIs

RH Kit 1

RH Kit 3

RH Kit 5

RH Kit 12

Additional Standard Precautions in Kits 2, 4, 6, 8, 9, 11

**OBJECTIVE 5: PREVENT UNINTENDED PREGNANCIES:**

- Ensure availability of a range of long-acting reversible and short-acting contraceptive methods (including male and female (where already used) condoms and emergency contraception) at primary health care facilities to meet demand
- Provide information, including existing information, education, and communications (IEC) materials, and contraceptive counseling that emphasizes informed choice and consent, effectiveness, client privacy and confidentiality, equity, and non-discrimination
- Ensure the community is aware of the availability of contraceptives for women, adolescents, and men
- Shares information about the availability of SRH services and commodities
- Ensures the community is aware of the availability and location of reproductive health services

RH Kit 3

RH Kit 4

RH Kit 8

Note: It is also important to ensure that safe abortion care is available, to the full extent of the law, in health centers and hospital facilities.

**GOAL  
PREVENT MORTALITY,  
MORBIDITY AND DISABILITY  
IN CRISIS-AFFECTED  
POPULATIONS**

**OBJECTIVE 4: PREVENT EXCESS MATERNAL AND NEWBORN MORBIDITY AND MORTALITY:**

- Ensure availability and accessibility of clean and safe delivery, essential newborn care, and lifesaving emergency obstetric and newborn care (EmONC) services including:
  - At referral hospital level: Skilled medical staff and supplies for provision of comprehensive emergency obstetric and newborn care (CEmONC) to manage
  - At health facility level: Skilled birth attendants and supplies for vaginal births and provision of basic obstetric and newborn care (BEmONC)
  - At community level: Provision of information to the community about the availability of safe delivery and EmONC services and the importance of seeking care from health facilities. Clean delivery kits should be provided to visibly pregnant women and birth attendants to promote clean home deliveries when access to a health facility is not possible
- Establish a 24 hours per day 7 days per week referral system to facilitate transport and communication from the community to the health center and hospital
- Ensure the availability of life saving post-abortion care in health centers and hospitals
- Ensure availability of supplies and commodities for clean delivery and immediate newborn care where access to a health facility is not possible or unreliable

RH Kit 2

RH Kit 6

RH Kit 8

RH Kit 9

RH Kit 10

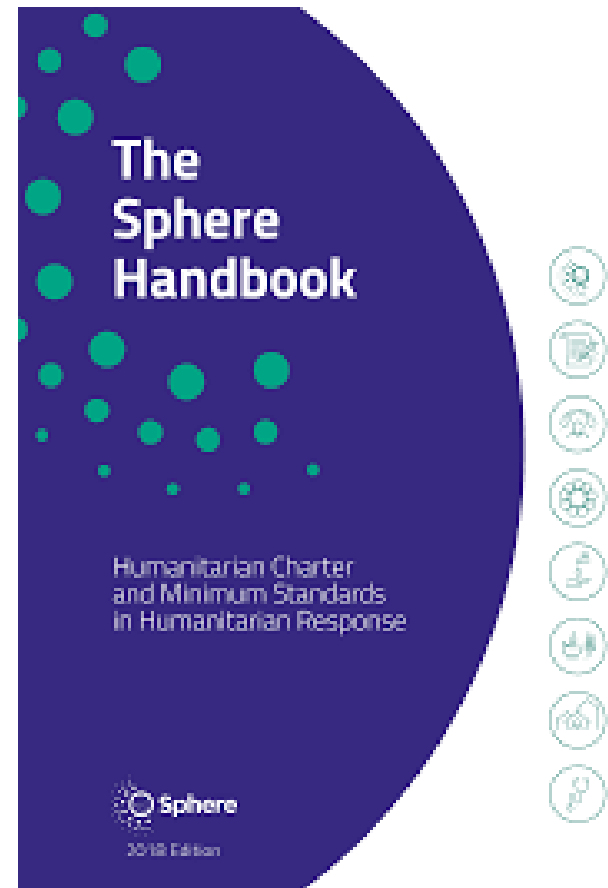
RH Kit 11

RH Kit 12



# The Sphere Standards

- The MISP for SRH is the standard within the humanitarian sector
- Priority activities of the MISP for SRH are included in the Sphere Standards



# Who is IAWG?

## The Inter-agency Working Group on Reproductive Health in Crises (IAWG)

- Inter-agency coalition
- Works to expand and strengthen access to sexual and reproductive health services in humanitarian crises

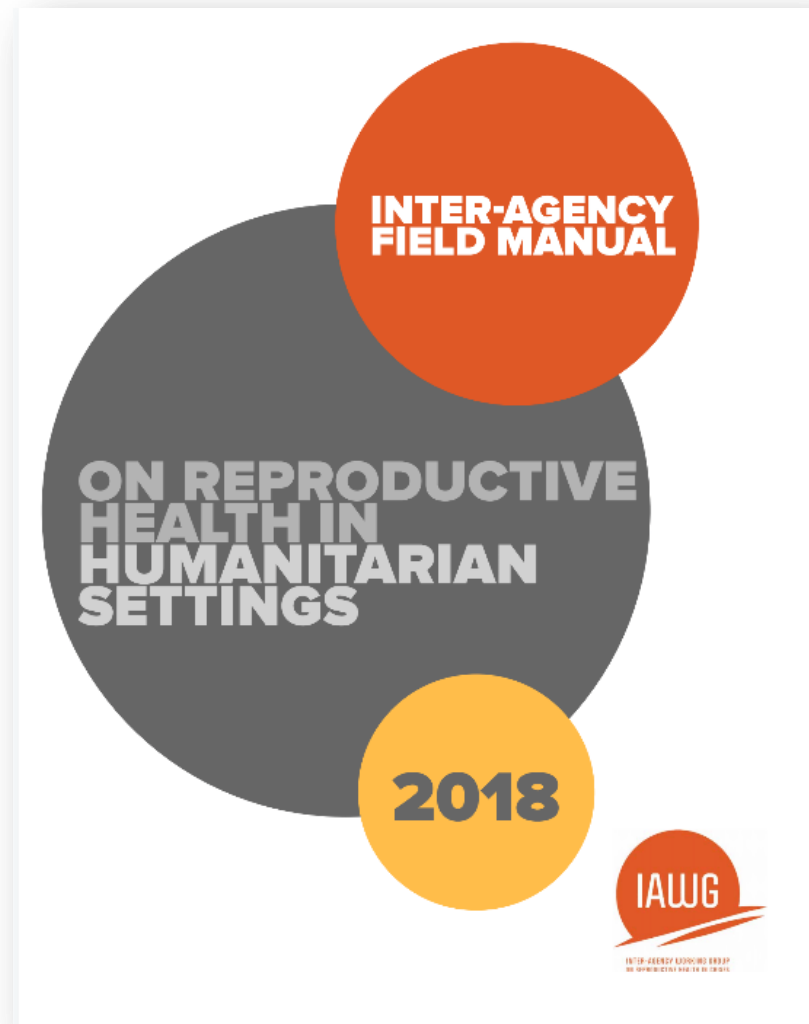
Join IAWG! <http://iawg.net/>



INTER-AGENCY WORKING GROUP  
ON REPRODUCTIVE HEALTH IN CRISES

# Sexual and Reproductive Health in Emergencies: Key Guidance

## The Inter-Agency Field Manual on Reproductive Health in Humanitarian Settings 2018



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# Video: SRH in emergencies

# Meeting Sexual and Reproductive Health needs in emergencies

Stories of Survivors & Advocacy: Group Work

Prevents Disease

Prevents Disability

**Saves Lives**



# Sexual and Reproductive Health is a Human Right for all

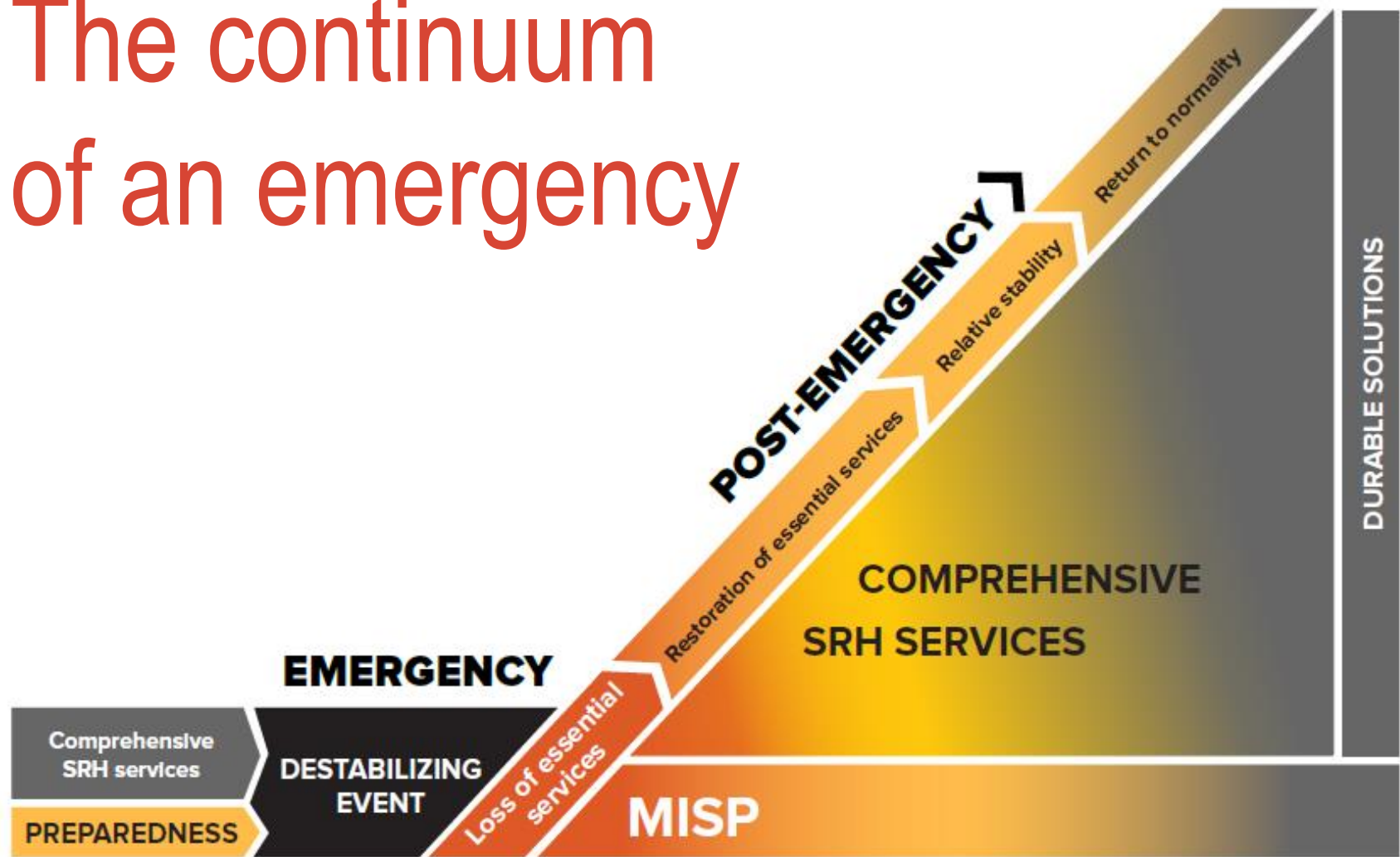
All migrants, refugees, asylum  
seekers and displaced persons  
should receive basic education  
and health services

Chapter 10, ICPD Programme of Action, 1994

# Sexual & Reproductive Health is a Human Right for All



# The continuum of an emergency



# Respectful Partnerships in Coordination

## RESPECTFUL PARTNERSHIP

Local actors (women, men, adolescents) manage the activities, external actors\* offer advice

Local and external actors manage the activities together through counterpart relationships

Local and external actors implement activities together combining local and external contributions. External actors retain management and monitoring responsibilities

Local and external actors make program decisions together using joint analysis and planning processes. External actors implement, manage and monitor activities

Community members are consulted by external actors seeking local information and perceived needs. External actors plan based on information from the community and then implement, manage and monitor activities

Community members are informed by external actors\* about planned activities. External actors plan, implement, manage and monitor activities

## NO PARTNERSHIP

- Among organisations & with communities to:
  - Value different perspectives & strengths
  - Mutual capacity development through partnership
  - Mutual accountability
  - Common assessment of challenges & opportunities

\* Government or NGO humanitarian workers/implementing agency staff from outside the community

# Concluding thoughts

- SRH needs continue and often increase in emergency situations
- Addressing SRH needs in emergencies saves lives
- The MISP for SRH is a set of priority activities to be implemented at the onset of an emergency
- The MISP for SRH is a global standard for response
- Sexual and reproductive health is a human right for ALL, including those in emergency settings



A woman wearing a vibrant pink shawl with a white geometric pattern is looking towards the camera. She is standing in front of a brick wall. To her left, there is a dark, open structure that appears to be a storage area for charcoal or similar materials. The image is partially covered by a large orange banner at the bottom.

# Session 1.2: Inclusion: Leaving no one behind

Training for Program Managers

# Learning objectives

After this session, participants should be able to:

1. Recognise the importance of inclusion in humanitarian settings.
2. Understand that power, identity, ability & choice intersect to determine both vulnerability & capacity.
3. Demonstrate an understanding of rights-based service delivery and key tools for inclusion in humanitarian emergencies.

# Inclusion & Exclusion

Included	Excluded
Normalised	Marginalised
Powerful	Vulnerable
Privileged	Left behind
Resourceful and Capable	

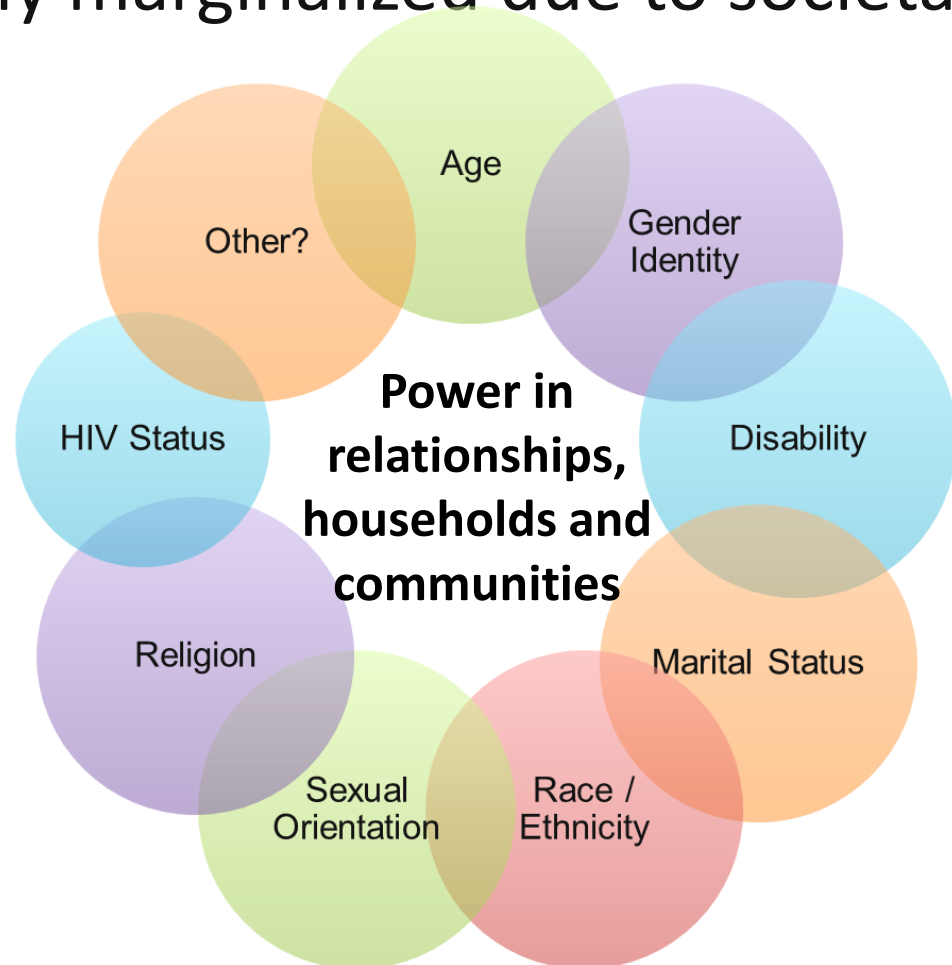
# Inclusion & Exclusion

Who is included? Who is excluded?

## Context Matters

People are commonly marginalized due to societal attitudes to:

- Gender
- Age
- (Dis)ability
- Sexuality
- Ethnicity
- Indigeneity



# Inclusion & Exclusion

Why are people included? Why are people excluded?

**Discrimination** against women persists in every corner of the world, but the experience is shaped by **interwoven factors** that build upon and extend beyond the gender element. These factors include race, socioeconomic class, age, sexual orientation, disability and more.

Capacity4dev

<https://europa.eu/capacity4dev/articles/reality-intersectional-factors-gender-inequality>

Intersectionality suggests that each one of us lives as in a web, where different strands of **power**, identity, ability & choice intersect to shape the conditions in which we live



# Inclusion & Exclusion

## Power:

Power over

Power to

Power with

Power within





# Power Walk

Group Work

# Inclusion & Exclusion

- Effective humanitarian programming must recognize and analyse these intersecting factors
- This will enable:
  - **Better understanding** of:
    - who holds power and who is marginalized in a community
    - barriers these groups face in accessing services
  - **Increased opportunity** for marginalized people to have a voice in decisions- in crisis and beyond.
  - Ensuring **no further harm** is caused.

# Protection & Inclusion in Emergencies

## Rights based service delivery

### 3 basic principles as absolute rights

- The right to life with dignity
- The right to receive humanitarian assistance
- The right to protection and security

### 4 protection principles

- Avoid exposing people to further harm as a result of actions
- Ensure people's access to impartial assistance
- Protect people from physical and psychological harm due to violence or coercion
- Assist with rights' claims, access to remedies, and recovery from abuse



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‘Nothing for us without us’

# Tools for Inclusion

Group Work

# Concluding thoughts

- Inclusion in humanitarian emergencies is critical so that we leave no one behind.
- A number of tools are available to ensure the integration of an inclusion lens into planning for and responding to humanitarian emergencies.
- All communities have assets as well as needs.
- All program managers should maintain this lens throughout this training and in their work.
- Remember the phrase: 'Nothing for us without us'



A woman wearing a bright pink headscarf and a matching patterned shawl is looking towards the camera. She is standing in front of a brick wall. To her left, there is a dark, open doorway or window showing some debris and wooden frames inside. The overall scene suggests a rural or informal settlement environment.

# **Session 1.3: Coordination Saves Lives**

## **MISP Objective 1: Ensure the Health Sector/ Cluster Identifies an Organisation to Lead Implementation of the MIS**

### **Training for Program Managers**

# Learning objectives

After this session, participants should be able to:

1. Outline key concepts and mechanisms for coordination in humanitarian emergencies
2. Outline where SRH sits within the Global Cluster approach
3. Outline where SRH sits within national humanitarian coordination mechanisms
4. Define the value of effective coordination in humanitarian settings
5. Demonstrate an understanding of coordination roles for SRH in emergencies in their context
6. Explain the need to appoint a lead coordinating agency and focal point for SRH in humanitarian settings

# Humanitarian assistance:

“Aid that seeks to **save lives** and **alleviate suffering** of a crisis affected population.

Humanitarian assistance must be provided in accordance with the basic humanitarian principles of **humanity**, **impartiality**, and **neutrality**, as stated in General Assembly Resolution 46/182.”

# Humanitarian Principles

## **Humanity**

Human suffering must be addressed wherever it is found. The purpose of humanitarian action is to protect life and health and ensure respect for human beings

## **Neutrality**

Humanitarian actors must not take sides in hostilities or engage in controversies of a political, racial, religious or ideological nature

## **Impartiality**

Humanitarian action must be carried out on the basis of need alone, giving priority to the most urgent cases of distress and making no distinctions on the basis of nationality, race, gender, religious belief, class or political opinions.

## **Independence**

Humanitarian action must be autonomous from the political, economic, military or other objectives that any actor may hold with regard to areas where humanitarian action is being implemented.

# The Importance of Effective Coordination

Game

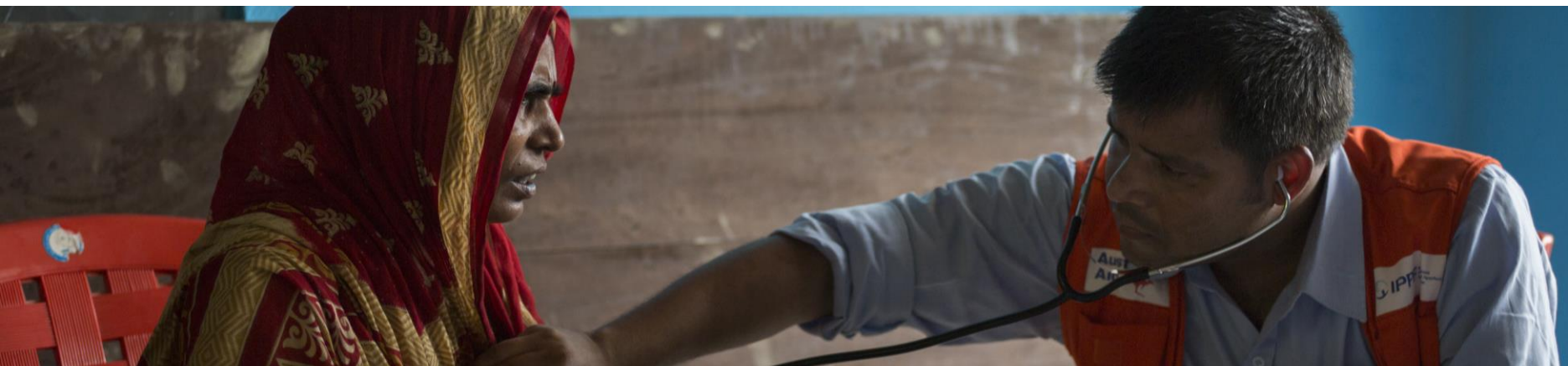
# MISP Objective 1:

**Ensure** the health sector/ cluster identifies an organisation to **lead implementation of the MISP**



# Managing humanitarian response

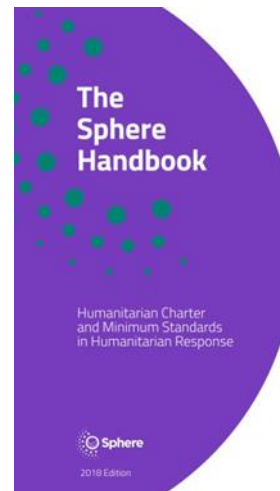
- May be managed **internationally, nationally, provincially** or **locally**
- May activate an international response
  - At **request** of national government
  - In **coordination** with national agencies
  - Within national **regulatory frameworks**
  - OR **when national authorities are not functioning**



# Humanitarian Mechanisms

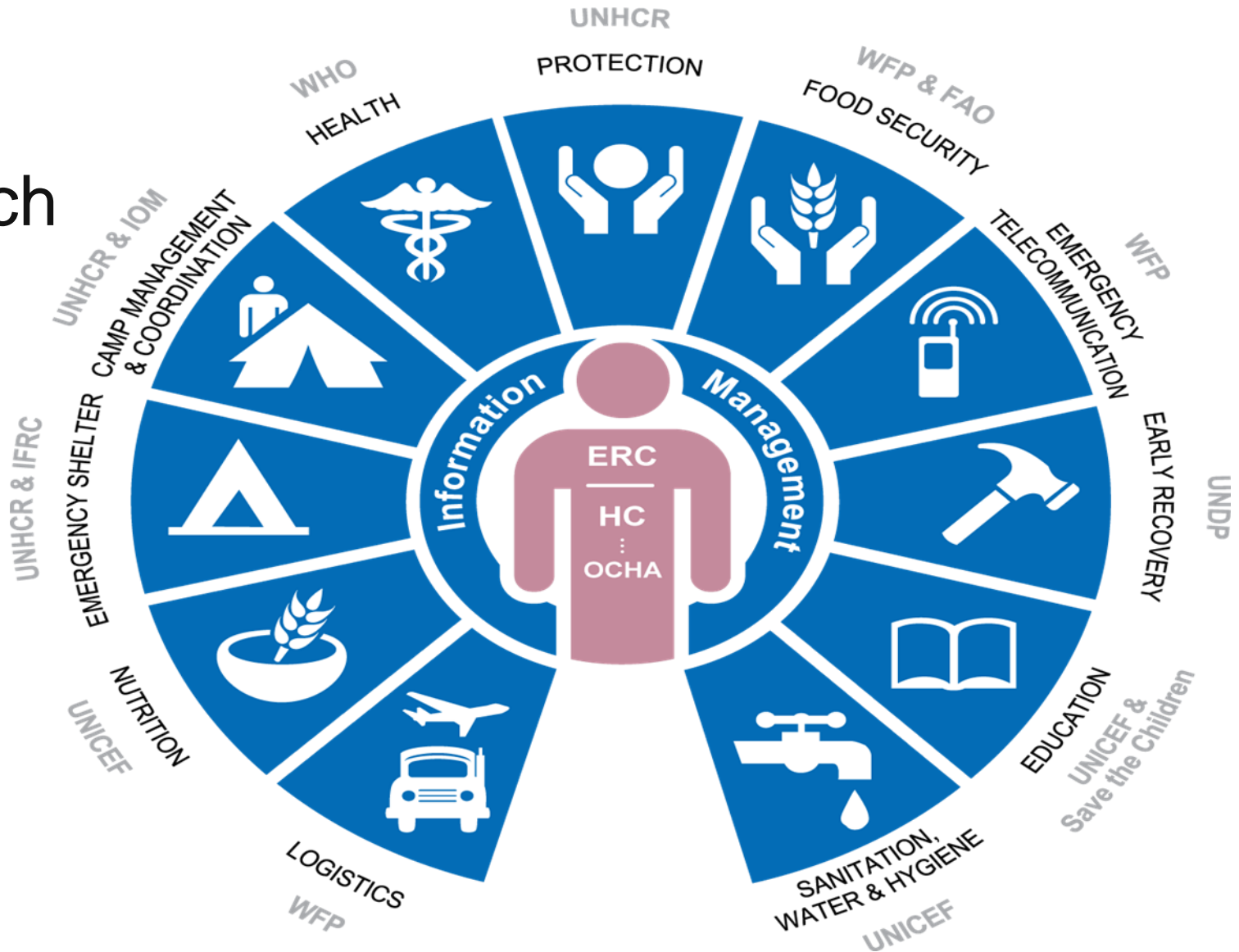
## Global Humanitarian Architecture

- IASC Clusters
- Sphere Standards
- The Common Humanitarian Standard



# Humanitarian Mechanisms

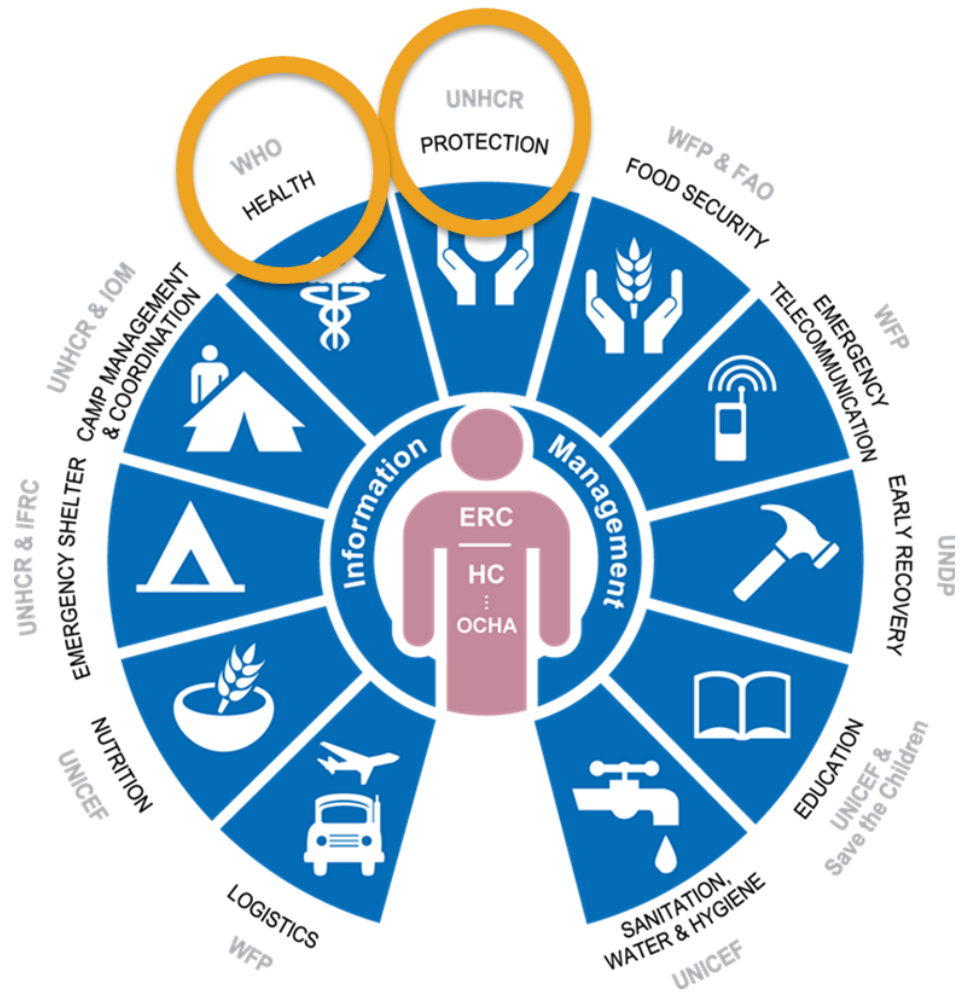
## The Cluster Approach



# Where does Sexual and Reproductive Health Sit?

## Global Level

- IAWG
- Health Cluster
- GBV Area of Responsibility within the Protection Cluster



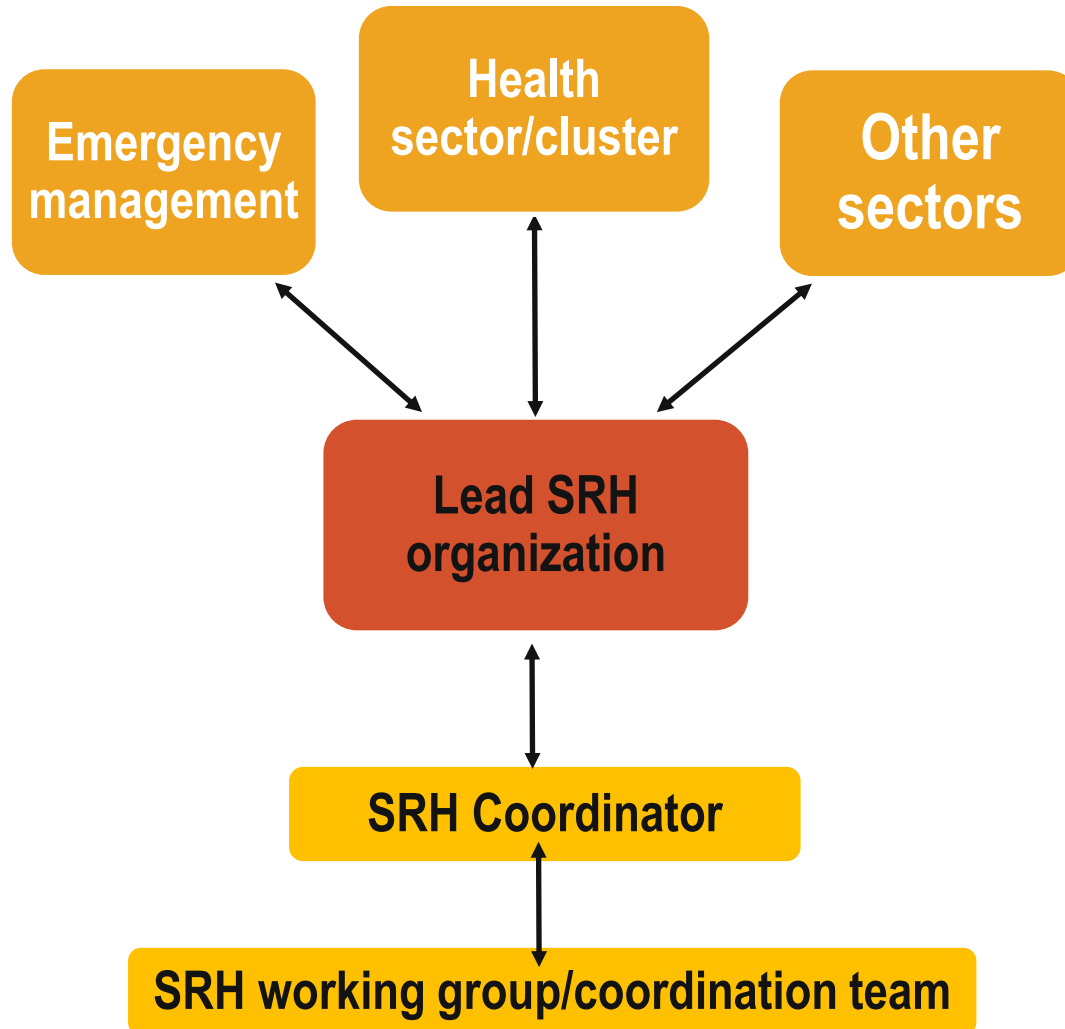
# Ensure the health sector/ cluster identifies an organisation to lead implementation of the MISP

## **The Lead SRH Organisation:**

- Nominates an SRH Coordinator to provide technical and operational support to all agencies providing health services
- Hosts regular meetings with all relevant stakeholders to facilitate coordinated action to ensure implementation of the MISP
- Reports back to the health cluster, GBV sub-cluster, and/or HIV national coordination meetings on any issues related to MISP implementation
- In tandem with health/GBV/HIV coordination mechanisms ensures mapping and analysis of existing SRH services
- Shares information about the availability of SRH services and commodities
- Ensures the community is aware of the availability and location of reproductive health services



# Coordination of the MISp for SRH





# Coordination of the MISp

Ensure the health sector/ cluster identifies an organization to lead implementation of the MISp

## Levels of Coordination:

### 1. Lead SRH Organisation

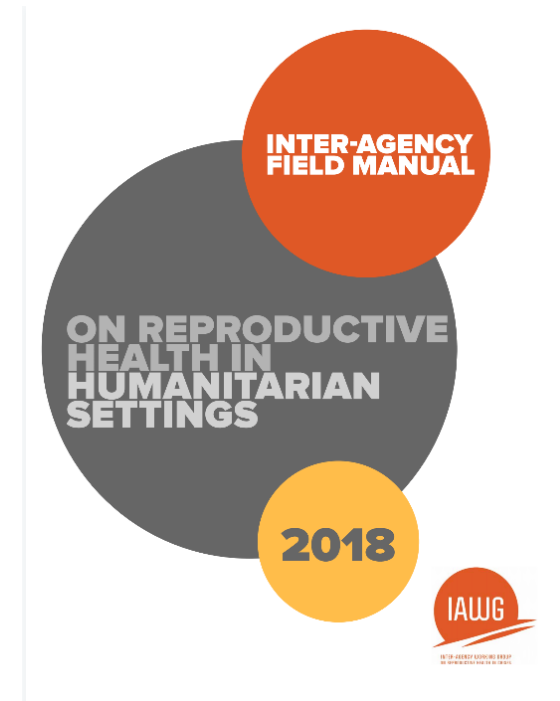
- Identified by health sector or cluster
- Could be
  - MoH
  - NGO
  - INGO
  - UN Agency

# Coordination of the MISP

## Levels of Coordination:

### 2. SRH Coordinator

- Identified by lead SRH Organisation
- Full time for 3-6 months
- Provides operational & technical support
- Clear Terms of Reference



# SRH Coordinator Terms of Reference

Discussion

# Coordination of the MISp

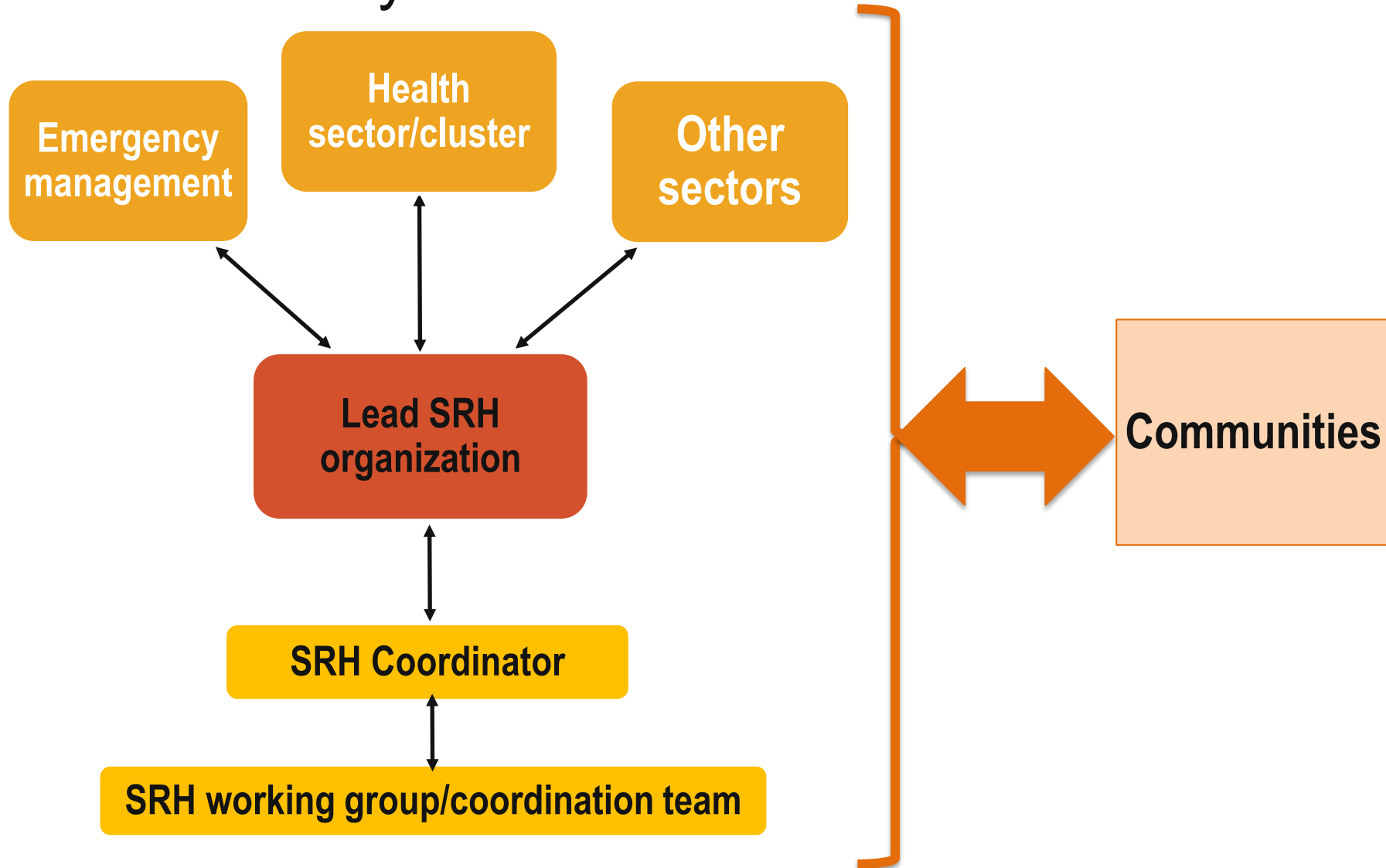
## Levels of Coordination:

### 3. Support for the SRH Coordinator

- All relevant stakeholders working in SRH
- Health sector/ cluster
- Protection working group/ cluster
- Affected populations

# Coordination of the MISp

- Accountability to communities



# Exploring Coordination In Context

Presentation



# Where does Sexual and Reproductive Health Sit?

## Country Level

- **Health Cluster** –

Appoint a lead RH Agency who will lead a RH / SRH working group

- **But also...GBV Sub-Cluster**–

Will have responsibilities which overlap with MISP GBV priorities

# Mapping Coordination In Context

Group Work

# Coordination improves

- Efficiency
- Effectiveness
- Speed of response
- Strategic decision making
- Problem solving



# Effective Coordination involves

- Clear roles & responsibilities
- Information management & sharing
- Trust
- Communication
- Development of joint & complementary initiatives
- Common goals & purpose

# What does good coordination look like?

## For MISIP Coordination:

- **Support** lead coordinator
- **Procure** reference materials & supplies
- **Strategise** for MISIP implementation
- Provide **technical assistance** on MISIP
- **Communicate** with other clusters/ sectors
- **Partner** with SRH/ disaster management/ LGBTQIA/ adolescent/ people with disabilities/ civil society organisations/ PLHIV/ private sector
- **Access information** on laws, policies & protocols which support or restrict access to SRHR in emergencies

# Challenges & Solutions in Coordination

Group Work



# Cluster Coordination

Role Play

# Monitoring & Evaluation

## MISP Checklist key questions for coordination:

1. SRH lead agency and SRH Coordinator			
		YES	NO
1.1	Lead SRH agency identified and SRH Coordinator functioning within the health sector/cluster		
	Lead agency		
	SRH Coordinator		
1.2	SRH stakeholder meetings established and meeting regularly:	YES	NO
	National (MONTHLY)		
	Sub-national/district (BIWEEKLY)		
	Local(WEEKLY)		
1.3	Relevant stakeholders lead/participate in SRH Working Group meetings	YES	NO
	Ministry of Health		
	UNFPA and other relevant UN agencies		
	International NGOs		
	Local NGOs		
	Protection/GBV		
	HIV		
	Civil Society including marginalized (adolescents, persons with disabilities, LGBTQIA people)		
1.4	With health/protection/GBV/sectors/cluster and national HIV program inputs, ensures mapping and vetting of existing SRH services		

# Concluding thoughts

- Coordination saves lives
- Global and national humanitarian mechanisms support coordination
- Coordination is important between sectors/ clusters and at and between all levels
- Coordination mechanisms should be in place in advance
- All SRH stakeholders have a role to play in coordinating SRH in humanitarian emergencies