Sweden
Sverige

2gether 4SRHR

Advocacy messages to advance readiness to provide the Minimum Initial Service Package during emergencies

UNAIDS

UNFPA

unicef
for every child

World Health Organization

Contents

The document includes the following icons for easy referencing:

Statement	Evidence	Advocacy Asks – what needs to happen

Background facts to support the advocacy messages

- Since the International Conference on Population and Development (ICPD) in 1994 in Cairo, Sexual and reproductive health (SRH) is recognized as a basic human right, and almost 30 years later access to SRH services remains a challenge, particularly during emergencies.
- Each year, millions of women and girls are displaced by natural disasters, war or conflict, and they are a uniquely vulnerable population. Increasingly severe and frequent weather events and natural disasters are exacerbating existing chronic vulnerabilities.
- Approximately 75–80 per cent of all crisis-affected populations are women, children and youth, who need and have a right to reproductive health services.
- Two-thirds (60 per cent) of preventable maternal deaths and 45 per cent of newborn deaths take place in countries affected by recent conflict, natural disaster or both.
- Women still die from preventable causes related to pregnancy and childbirth. In 2020, the number was 800 women per day. Disasters and fragile, conflict and post-conflict settings exacerbate these situations and hinder progress in reducing the burden of maternal mortality. In the eastern and southern Africa (ESA) region, seven countries (South Sudan, DRC, Lesotho, Kenya, Zimbabwe, Madagascar and Malawi) have high, very high or extremely high maternal mortality rates.
- International landmark documents, such as the Sendai Framework for Disaster Risk Reduction explicitly call for the design and implementation of inclusive policies which enable access to basic health-care services that include SRH to better cope with emergencies.

Approximately,

75–80%

of all crisis-affected populations are women, children and youth.

Maternal deaths **Newborn deaths**

60% **45%**

in countries affected by recent conflict, natural disaster or both.

In 2020,

800

women per day die from preventable causes related to pregnancy and childbirth.

Making the case for the Minimum Initial Service Package

Access to SRH services is a basic human right and saves lives.

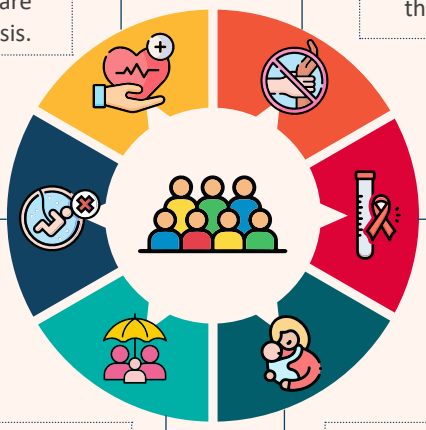
The Minimum Initial Service Package (MISP) for SRH in Crisis Situations includes a series of essential, evidence-based, life-saving actions required to respond to reproductive health needs at the onset of a humanitarian crisis. It is not negotiable and is part of the Sphere Handbook, which is the global guide for minimum humanitarian standards for water supply, sanitation and hygiene promotion, food security and nutrition, shelter and settlement, and health.

✓ The MISP is designed to reduce mortality and morbidity during emergencies and needs to be prioritized during preparedness, response and recovery phases.

✓ With the MISP, affected populations will benefit from an integrated approach that covers:

Health system strengthening 6 through the provision of comprehensive SRH services integrated into primary health care as soon as possible after a crisis.

1 **Protection** through the prevention of gender-based violence and response to the needs of survivors;



Comprehensive abortion care through access to post and safe abortion care to the full extent of the law; 5

2 **HIV** through the prevention and reduction of morbidity and mortality linked to HIV and other sexually transmitted infections;

Family planning through access to contraceptives to prevent unintended pregnancies; 4

3 **Maternal health** through the prevention and reduction of excess maternal mortality and morbidity;

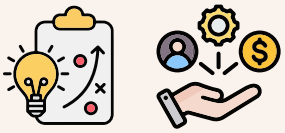
✓ Humanitarian actors need to enable access to life-saving SRH services to prevent death, disease and disability related to unintended pregnancy, obstetric complications, sexual and other forms of gender-based violence, HIV infection and a range of reproductive disorders.

Thematic advocacy messages to advance the Minimum Initial Service Package in emergencies

Overview of key messages per theme

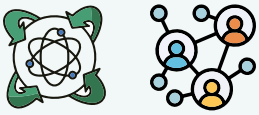
Policies and resources

- MISP-inclusive policies enable access to and prioritization of SRH services during emergencies.
- Funding SRH preparedness builds resilience and reduces the costs of emergency response.



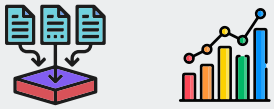
Nexus and coordination

- Coherent SRH emergency interventions call for complementarity between the humanitarian and development sectors and contribute to peace restoration and sustainability.
- Strong SRH coordination during the preparedness phase reduces chaos when an emergency strikes.



Data

- Disaggregated and accurate SRH data during emergencies build evidence and foster quality.

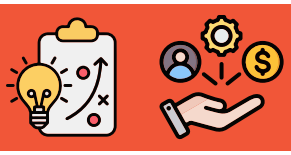


Service provision

- Effective and timely SRH emergency responses rely on the capacity and availability of skilled health workers and services.
- Timely access to SRH supplies during emergencies saves lives if easily accessible by affected communities.

Evidence and 'Advocacy Asks' per thematic statement

Policies and resources



MISP-inclusive policies enable access to and prioritization of SRH services during emergencies.

- Only one-third of the ESA countries have national disaster preparedness and response policies and plans that include SRH.
- Only 2 out of 22 countries of the ESA region (9 per cent) have SRH policies that integrate or consider elements of emergency preparedness, response or disaster risk management.

Governments must create an enabling policy environment that ensures complementarity between emergency/disaster risk reduction policies and SHR/family planning policies through:

- ✓ the integration of the MISP for SRH in emergencies into national emergency, preparedness, recovery and disaster risk reduction policies and plans;
- ✓ the inclusion of disaster management and/or emergency response into SRH development policies.

Funding SRH preparedness builds resiliency and reduces the costs of emergency response.

- Only 9 out of 22 countries in the ESA region (40 per cent) have the available funds to support SRH emergency preparedness.
- SRH preparedness is globally underfunded and inadequately considered by humanitarian and development donors.
- Return on investment in preparedness and system resilience has been estimated at 18 per cent, with each US$1 spent saving $2.84 over 4 years and an average of 35.4 days in response time.

Donors and governments need to prioritize SRH preparedness funding:

- ✓ ESA countries are highly prone to various forms of disasters, and strong preparedness strategies will reduce the costs of future responses and provide more timely responses.
- ✓ Donors and governments need to fund SRH preparedness strategies and actions, as these will impact both stable times and emergencies and contribute to building more resilient health systems.

Nexus and coordination

Coherent SRH emergency interventions call for complementarity between the humanitarian and development sectors and contribute to peace restoration and sustainability.

- ✗ In most ESA countries, humanitarian and development actors work separately and do not coordinate their efforts.
- ✗ In most ESA countries, the Ministry of Health and the disaster management authorities do not closely collaborate each other.

There is global recognition that is divided between humanitarian and development actors needs to stop:

- ✓ With countries moving from response to recovery and preparedness, humanitarian and development actors need to adopt coherent approaches regarding the continuity of SRH care, starting with collaboration at all stages.
- ✓ Organizations with a dual humanitarian and development mandate need to create opportunities for the implementation of the humanitarian–development–peace nexus.

Strong SRH coordination during the preparedness phase reduces chaos when an emergency strikes.

- ✗ Only half of the countries of the ESA region have SRH coordination mechanisms that discuss about SRH emergency preparedness.
- ✗ Only half of the countries in the ESA region have civil society organizations and community-based organizations representing marginalized and underserved groups (e.g. women and men with disabilities; people living with HIV; people of diverse sexual orientation, gender identity and expression, and sex characteristics; youth groups; religious leaders; sex workers; ethnic minorities) included in existing preparedness or response coordination mechanisms.

The Inter-Agency Standing Committee clearly mentions the need to establish clear mechanisms for accountability and coordination prior to any crisis for effective humanitarian response. This means the following:

- ✓ Development actors and the Ministry of Health need to integrate SRH in emergencies and the MISP into regular SRH and health working group meetings.
- ✓ Marginalized and underserved groups need to be meaningfully participating and represented in coordination mechanisms.
- ✓ It is necessary to move away from reactive/ad hoc coordination and invest time and resources into coordination during preparedness.

Data

Disaggregated and accurate SRH data during emergencies build evidence and foster quality.

- Less than half of the countries in the ESA region have standardized rapid assessment tools that are inclusive of MISP indicators.
- Knowledge on existing assessment tools for SRH in emergencies is limited in the ESA region.
- Most countries of the ESA region do not collect disaggregated data on people with disabilities.
- Assessment tools are not sufficiently digitized.

- ✓ Invest in data systems to allow for accurate and timely tracking of service disruptions and delivery before, during and after the onset of humanitarian situations.
- ✓ Learn from the lessons of the COVID-19 response, particularly the innovations in data collection, and service delivery related to SRH and gender-based violence services.
- ✓ Build the evidence based on SRHR in emergencies, including responses linked to climate change.
- ✓ Develop qualitative data systems that are digitized and reliable for timely data from sources other than the Health Management Information Systems and DHIS2.
- ✓ Ensure that data collection tools include data disaggregated by sex and age.

Service provision

Effective and timely SRH emergency responses rely on the capacity and availability of skilled health workers and services.

- Only 2 out of 22 countries in the ESA region (9 per cent) have integrated the MISP in their health-care training curriculum.
- Only 3 out of 22 countries in the ESA region (14 per cent) have systems in place to provide remote SRH service delivery.

Effective SRH emergency responses call for qualified and readily available health-care professionals:

- ✓ Build the capacity of health-care workers, particularly midwives, and community-based responders for delivering the MISP to meet the SRH and gender-based violence needs of those affected by humanitarian situations.
- ✓ Include the MISP in national curricula for midwives, nurses, doctors and other health workers to secure a pool of readily trained service providers in case of an emergency.
- ✓ Develop systems that allow for remote service provision when onsite care cannot be ensured.

Timely access to SRH supplies during emergencies saves lives if easily accessible by affected communities.

- Nine (41 per cent) of the ESA countries do not have a mechanism in place for rapid sourcing – at national or international levels – of SRH supplies and equipment.
- More than half of the countries in the ESA region consider supplies and equipment to be inadequate during stable times and unable to meet current demand.

- ✓ Work together with relevant stakeholders to streamline supply chain mechanisms to procure and deliver predictable supplies, even in humanitarian situations.
- ✓ Improve supply chain management and procurement procedures to ensure the availability of essential commodities for SRH services during emergencies.
- ✓ Secure specific domestic funding to avoid shortages of supplies and inadequate pre-positioning of supplies.
- ✓ Procure quality of local commodities to enhance acceptability and availability, and to empower local economies.
- ✓ Work with the private sector and other partners on procurement and supply chain issues.
- ✓ Integrate humanitarian supply needs into national quantifications of reproductive health commodities.

United Nations Population Fund
East and Southern Africa
9 Simba Road, PO Box 2980,
Sunninghill, Johannesburg,
2191/2157, South Africa

Tel: +27 11 603 5300
Website: esaro.unfpa.org
Email: comms-team-esaro@unfpa.org
Twitter: @UNFPA_ESARO
Facebook: UNFPA East and Southern Africa
LinkedIn: UNFPA East and Southern Africa
Instagram: unfpaesaro

www.2gether4srhr.org